

38000

S. No. 2
4-9.4-41
7-5-17-39
I, X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1941
Registration District No. 25

Primary Registration District No. 3009

Registrar's No. 96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau City
 (c) Name of hospital or institution: A. C. No. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hours
 In this community 4 hours (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHESTER LASLEY
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

4. Sex Male 5. Color or race White
 6. (a) Single, married, divorced Widowed
 6. (b) Name of husband or wife J. C. Deceased
 6. (c) Age of husband or wife if alive 11 years
 7. Birth date of deceased June 11 1872
 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 9
 If less than one day hr. min.

9. Birthplace Weatherford Texas
 (City, town or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Farm

MOTHER FATHER
 12. Name H. J. Shaw
 13. Birthplace Texas
 (City, town, county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace "
 (City, town, or county) (State or foreign country)

16. (a) Informant Harriet Huff

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof 11-23-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Halcomb, Mo

18. (g) Signature of funeral director Estewell

(b) Address Cape Girardeau, Mo

19. (a) 11-25-41 (b) J. H. Helper
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Maine (b) County Dundeen
 (c) City or town Halcomb
 (If outside city or town limits, write "RURAL")
 (d) Street No. - (If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 20
 year 1941 hour - minute - M.

21. I hereby certify that I attended the deceased from - 19- to - 19-
 that I last saw h. - alive on - 19-
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hit by Car driven by U.R. Carter
Cape Girardeau, Mo.
 Due to Fractured skull
Contusion of brain
Compound fracture left leg 2 in.
about ankle -
Hemorrhage & shock
 Other conditions
 (Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations 1700-6
22
 Of autopsy -

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 11-20-1941
 (c) Where did injury occur? McLure Woods Co, Ill
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway 43
 While at work? no (Specify type of place) Prater house
 (e) Means of injury -
 23. Signature J. Boston Short (Coroner)
 Address Jackson, Mo Date signed 11/20/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3390*

P. O. Address *Cape Girardeau, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.