

S. No. 2  
I-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6157

State File No. \_\_\_\_\_

FILED MAR 18 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 29 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 406 Thermis  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Barbara Anne Behrens

3. (b) If veteran, name war ✓

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 5 day Feb year 1942 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 2/3 1942 to 2/5 1942 that I last saw h. alive on 2/5 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. P. Behrens 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Oct 20 1868  
(Month) (Day) (Year)

Immediate cause of death Pernicious anemia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 1730

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 73 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jackson Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Own home

12. Name John Vaughn Priest

13. Birthplace Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Wynne Mealy

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Behrens

(b) Address Cape Girardeau Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Walthus Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) 2-9-42 (Date received local registrar) (b) J. W. Phelps (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Date signed 2/7/42

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

16  
14

RECEIVED

District Health Officer No. 4

District File Number 342-35L

Date Filed 3-13-42

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

*J. W. Pista*

Licensed Embalmer No. 3980

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.