X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3/2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6172

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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:
Rural Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU

(c) City or town CAPE GIRARDEAU 16
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route No. 4
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DELORES FRANCK.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ✓ 0

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased NOV (Month) 13 (Day) 1941 (Year)

8. AGE: Years — Months 2 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace CAPE GIRARDEAU (City, town, or county) MO (State or foreign country) 0

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name UNKNOWN.
13. Birthplace " (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name DORTHY FRANCK.
15. Birthplace CAPE GIRARDEAU (City, town, or county) (State or foreign country) 0

16. (a) Informant ERVIN FRAN
(b) Address CAPE GIRARDEAU. MO

17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof JAN (Month) 19 (Day) 42 (Year)
(c) Place: burial or cremation MEMORIAL PARK.

18. (a) Signature of funeral director Joe F. Howell
(b) Address CAPE GIRARDEAU. MO

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 18
year 1942 hour 8 minute 45 A/M.

21. I hereby certify that I attended the deceased from JAN 14 1942, to JAN 17 1942
that I last saw her alive on JAN 17 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death convulsions	2 days
Due to ~~Flu~~ Pneumonia	3 days
Due to Flu	4 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 86
Of autopsy

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

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature E. R. Schoen (M. D. or other) MD.
Address JACKSON, MO Date signed 1-19-42

1014 (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
District File Number 242-190
Date Filed 2-11-42

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.

No Embalming

Signed J. G. Howell

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 wi the above constitutes grounds for revocation of license.)

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6172

Registration District No. 125 Primary Registration District No. 3009 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Gir.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Cape G.
(c) City or town: (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

3. (a) PRINT FULL NAME: Melores Franck
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov 13 1941 (Month) (Day) (Year)
8. AGE: Years — Months 2 Days If less than one day hr. min.
9. Birthplace: Cape Gir. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name: Dinkerman
13. Birthplace: " (City, town, or county) (State or foreign country)
14. Maiden name: Dorthy Franck
15. Birthplace: Cape G. (City, town, or county) (State or foreign country)
16. (a) Informant: Erwin Fran
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: Joe Howell
(b) Address: Cape G.
19. (a) 1/18 1942 (Date received local registrar) (b) J. H. Kestner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: E. R. Schoen (M. D. or other)
Address: Jackson Mo. Date signed

SUPPLEMENTARY