S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Schulz

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6188

FILED MAR 18 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 63

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: Southeast Missouri Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 4 weeks (Specify whether

In this community 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 16

(d) Street No. 547 No. Spanish St. (If rural, give location) 1

(e) Citizen of foreign country? No. (Yes or No) 4

If yes, name country

3. (a) PRINT FULL NAME Alonzo E. Kent

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Tavie Welker

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January (Month) 21 (Day) 1890 (Year)

8. AGE: Years 52 | Months 0 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Chester (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Common laborer

11. Industry or business

FATHER
12. Name Theodore Kent
13. Birthplace Chester (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Addie Johnson
15. Birthplace Chester (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Tavie Kent

(b) Address Cape Girardeau, Mo.

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

(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 2-27-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 16 year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 5th, 1942 to Feb. 16th, 1942 that I last saw him alive on Feb. 16th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver

Due to Alcoholism

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 124 P

Of autopsy

Duration 2

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 0

23. Signature G. B. Schulz (M. D. or other)

Address Cape Girardeau, Mo. Date signed

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 342-
Date Filed 3-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl J. Smith

Licensed Embalmer No. 2676

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.