S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 23 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20856

State File No.

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 188

1. PLACE OF DEATH:

(a) County: Cape Girardeau.
(b) City or town: Cape Girardeau. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott 100
(c) City or town: Oran R.F.D. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Billieboy. Senciboy.
3. (b) If veteran, name war: Child
3. (c) Social Security No.: Child.
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: 0 Child
6. (b) Name of husband or wife: xx
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 19 th (Day) 1934 (Year)

8. AGE: Years	Months	Days	If less than one day
8	2	29	hr. min.

9. Birthplace: Oran R.F.D. Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
FATHER 12. Name: George Senciboy.
FATHER 13. Birthplace: Fredricktown Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Zelma Etherton.
MOTHER 15. Birthplace: Mayfield Ky. 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Father George Senciboy.
(b) Address: Oran R.F.D. Missouri
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: June 17th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Oran Missouri
18. (a) Signature of funeral director: P. A. Heusserer 100
(b) Address: Oran Missouri
19. (a) 6-18-42 (Date received local registrar) (b) G. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1942 hour 11.55 minute P. M.
21. I hereby certify that I attended the deceased from 6/10 1942 to 6/15 1942 that I last saw him alive on 6/15 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Colitis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 12 d	
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: A. L. Powell (M. D. or other) MD
Address: Cape Girardeau Date signed: 6/19/42

1714 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 742-947

Date Filed 7-14-42

JUL 22 1942

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.