

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 126

Primary Registration District No. 5174A

Registrar's No.

16
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Cape Girardeau

(a) County Allenville (rural)

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

(c) Name of hospital or institution: Public Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Allenville (Rural) 16
(If outside city or town limits, write "RURAL.") 0

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Molly Sides

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife FRANK SIDES

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 1, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>1</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation Housewife

11. Industry or business -----

12. Name Spencer Renfro

13. Birthplace Cape Girardeau County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name ROBIE (Unknown)

15. Birthplace Cape Girardeau County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Sides

(b) Address Allenville, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 4, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Allenville, Mo.

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 7-342 (State received local registrar)

(b) A. H. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 20 P. M. minute 0

21. I hereby certify that I attended the deceased from June 2 1942 to July 7 1942

that I last saw her alive on July 7 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to high blood pressure

Due to old age

Other conditions old age (Include pregnancy within 3 months of death)

Major findings: Of operations §30

Of autopsy -----

Duration -----

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) none

(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? none

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

23. Signature: Wm Davault (M. D. or other) MD

Address: Allenville, Mo. Date signed July 5, 1942

RECEIVED

District Health Officer No. *K*
District File Number *747-962*
Date Filed *7-15-74*

*to be
by
personal
ordered
local
filed*

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 *Frank Sparks*
Licensed Embalmer No. *3455*
P. O. Address *Deje Guadalupe*

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.