S. No. 2
1—9-4-41
. 5-17-39
1 X29484

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

16
1
4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40421

FILED JAN -8 1943

Registration District No. 153 — Primary Registration District No. 3010 — Registrar's No. 356.

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: 325 S. Benton 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 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 325 S. Benton 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Andrew J. Larimore

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Male

5. Color or race w

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

6. (b) Name of husband or wife Julia Larimore

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

7. Birth date of deceased Sept (Month) 28 (Day) 1865 (Year)

8. AGE: Years 77 ~~77~~ Months 2 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace Stilesville (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

Rec. by Reg. 3-9-43 Mo. Pine

16. (a) Informant Larry Larimore
(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joe G. Howell
(b) Address Cape Girardeau Mo

19. (a) 12-28-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1942 hour 9 minute 30P M.

21. I hereby certify that I attended the deceased from 10 20, 1942, to 12/22, 1942 that I last saw him alive on 12/21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ ~~[illegible]~~ Myocarditis

Due to Coronary Occlusion

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(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 C. Lieberman (M. D. ~~or other~~) 12/26/42

Address Cape Girardeau, Mo. Date signed

1014

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1943

RECEIVED

District Health Officer No. 4

District File Number 143-1610

Filed 1-7-43

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Aspe 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of MO
County of C. Girardeau } ss.

State File No. 40421
Local Registrar's No. 356

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194..., before me appears .....

....., who, upon ..... oath, states that the original record of ~~birth~~ death for Andrew J. Larimore, ~~born~~ died Dec. 23, 1942 in the State of Missouri, and which was filed at Cape Girardeau on Dec 12, 1942 should be corrected as follows:

Item No. 21 should read Myocarditis Coronary occlusion

Instead of Valvular heart disease

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant O L Seabaugh M.D.
Relationship.

Cape Girardeau Mo.
Present Address.

Subscribed and sworn to before me this 27 day of January, 1943

My Commission expires Feb. 27 - 1944 Gust Schmitz Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M 1-19-40
I X22256

State of Missouri } ss.
County of Cape Girardeau

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 356.

On this 16 day of Jan, 1943, before me appears Joe B Howell, who, upon oath, states that the original record of ~~birth~~ death for Andrew J. Larimore, died ~~born~~ Dec. 22, 1942, in the State of Missouri, and which was filed at Cape Girardeau on 12-28-, 1942, should be corrected as follows:

Item No. 8 should read 77 yr. 2 mo. 24 da.
Instead of 78 yr. 2 mo. 24 da.

Item No. 21 should read Myocarditis - coronary occlusion - due to hypertension
Instead of valvular heart disease.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joe B Howell None
Relationship.

Funeral Director in charge of [illegible] and Information taken from family record.
Cape Girardeau, Mo
Present Address.

Subscribed and sworn to before me this 16 day of January, 1943.

My Commission expires Feby. 27. 1944 Gust Schmoz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-1-15-42
I X31340

S-40421

FEB 10 1946