

FILED FEB 9 1943

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 days
years, months or days)

3. (a) PRINT FULL NAME Ed GLASPER Jr.

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

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife: Fannie 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased: Aug 24 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace: Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farmer

12. Name Ed Glasper
13. Birthplace: Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name: Sarah Miller
15. Birthplace: Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fannie Glasper

(b) Address: Libbourn, Mo. Rt. 1

17. (a) Burial (b) Date thereof: 1-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Day Cem. Ark.

18. (a) Signature of funeral director: Smith

(b) Address: Libbourn, Mo.

19. (a) 1-22-43 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town: Libbourn 72
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - West of town
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22
year 1943 hour 6 minute 53 A.M.

21. I hereby certify that I attended the deceased from 1/18
43 to 1/22 1943

that I last saw him alive on 1/22 and that death occurred on the date and hour stated above.

Immediate cause of death: Levee

Due to: Soreness

Due to: H68

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Soreness

Of operations _____

Of autopsy _____

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?

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

23. Signature: O. L. Sealman 108
Address: Cape Girardeau Date signed: 1/27/43

Physician

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1014

FEB 19 1943

SEP 20 1954

RECEIVED
District Health Officer No. 4
District File Number 243-176
Date Filed 2-8-43

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 *J. Stetill*

Licensed Embalmer No. *2687*

P. O. Address *Lilburn Ga*

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.