

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1825

FILED FEB 9 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: St. Joe Hospital

(d) Length of stay: In hospital or institution 8 hrs.

In this community 8 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Rural

(d) Street No. Jackson Mc Star Route

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MINNIE LOUISE NIBLICK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day Fifth year 1943 hour 3 minute 10 a.m.

21. I hereby certify that I attended the deceased from May 1942 to Jan 5 1943 that I last saw her alive on Jan 4 1943 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Niblick 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: Feb 22 1885

Immediate cause of death Hepatic PNEUMONIA

8. AGE: Years 56 Months 11 Days 13 If less than one day _____ hr. _____ min.

Due to myocarditis

9. Birthplace Jackson Mo

10. Usual occupation House wife

Due to _____

Other conditions Chronic Bronchitis

11. Industry or business _____

12. Name August Overbeck

13. Birthplace Germany

14. Maiden name Caroline Vogelsang

15. Birthplace Germany

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant John Niblick

(b) Address Jackson Mo

17. (a) Burial (b) Date thereof Jan 6 1943

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director McComb & Co.

(b) Address Jackson Mo

19. (a) 1-6-43 (b) F. H. Phelps

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature T. E. Ruff (M. D. or other) _____

Address Jackson Mo Date signed 4-3-43

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

MOTHER FATHER

Duration 24 hrs

2 yrs?

12 years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

101K

RECEIVED

District Health Officer No. 4
District File Number 243-1748
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

BH Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.