S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1834

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 5

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

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: Federal Materials Co. 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---------- (Specify whether years, months or days) In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No.: R. 2, Box 435 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---------

3. (a) PRINT FULL NAME: Colley Squires
3. (b) If veteran, name war: -------
3. (c) Social Security No.: 490-05-6338
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Effie Squires
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Sept. 24, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	3	11	hr. min.

9. Birthplace: Springfield, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: ---------- Federal Materials Co.
FATHER 12. Name: Unknown
FATHER 13. Birthplace: " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: "
MOTHER 15. Birthplace: " (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Effie Squires
(b) Address: R. 2, Box 435
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 9, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Mo.
19. (a) 1-7-43 (Date received local registrar) (b) A. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 4 year: 1943 hour: 9 minute: a. M.
21. I hereby certify that I attended the deceased from ....., 19..., Coroner Case, 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Broken Neck at 3rd Cervical
Due to: Fall in rock bin at Federal Materials Co.
Due to: Cape Girardeau, Mo.
Other conditions (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): Accident 115
(b) Date of occurrence: Jan. 4, 1943
(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Federal Materials Co. (Specify type of place)
While at work? Yes (e) Means of injury: Broken Neck Coroner
23. Signature: Dr. J. F. Sigmund (M. D. or other)
Address: Jackson, Mo. 3 Date signed: 1/4-43

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-1747

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau M

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.