

S. No. 2
1-1-441
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13928**

Registration District No. **23**

Primary Registration District No. **3010**

Registrar's No. **127**

1. PLACE OF DEATH:

(a) County: **Cape Girardeau**
(b) City or town: **Cape Girardeau**
(c) Name of hospital or institution: **South East O'Mo. Hospital.**
(d) Length of stay: In hospital or institution **2 days**
In this community **2 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **New Madrid**
(c) City or town: **Reid**
(d) Street No. **8 miles north of New Madrid**
(e) Citizen of foreign country? **no.**

3. (a) PRINT FULL NAME **BETHEL DEE CLARK**

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

4. Sex **M** 5. Color or race **W** 6. (g) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 16 - 1929**

8. AGE: Years **14** Months **10** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Summer Co., Tenn**

10. Usual occupation **School**

11. Industry or business

12. Name **Orbie Clark**
13. Birthplace **Summer Co. Tenn**
14. Maiden name **Orbie Gentry**
15. Birthplace **Summer Co. Tenn**

16. (a) Informant **Orbie Clark**

(b) Address **Matthews, R. 1, Mo.**

17. (a) **Burial** (b) Date thereof **April 17 - 43**
(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **Richard W. Phelps**

(b) Address **New Madrid, Mo.**

19. (a) **4-27-43** (b) **R. H. Phelps**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**
year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **April 14th** 19**43** to **April 16** 19**43**
that I last saw him alive on **April 16** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death
Peritonitis from thrombotic mesenteric artery of femoral artery

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **PP**
Of autopsy **PP**

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**
(b) Date of occurrence **4-17-43**
(c) Where did injury occur? **Matthews**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Same

While at work? **No** (Specify type of place) **was thrown to**
(e) Means of injury **ground**

23. Signature **R. H. Phelps** (M. D. or other)
Address **Cape Girardeau** Date signed **4/23/43**

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

MOTHER FATHER

1014

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1943

RECEIVED

District Health Officer No. 4
District File Number 543-2098
Date Filed 5-1-43

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

Leo Hildy

Licensed Embalmer No.

3803

P. O. Address

New Medical Co

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.