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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13938

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 139

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: 912 South Sprigg (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years years, months or days)

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. 912 South Sprigg (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Shirley Harger
3. (b) If veteran, name war
3. (c) Social Security No. 490-05-6980
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Meyer
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 24 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	6	27	hr. min.

9. Birthplace Newburg (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Tobacco Worker
11. Industry or business
FATHER
12. Name John Harger
13. Birthplace Newburg Ind. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Held
15. Birthplace Newburg Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Harger
(b) Address Cape Girardeau Mo
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 4-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Joe D. Hawell
(b) Address Cape Girardeau, Mo
19. (a) 5-5-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1943 hour 9 minute 30 PM.
21. I hereby certify that I attended the deceased from Jan — 1942 to April 21 1943 that I last saw him alive on April 21 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to Hypertension	
Due to	
Other conditions Cerebral Hemorrhage (Old) (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
Of autopsy	

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 D B Elrod MD (M. D. or other)
Address Cape Girardeau Mo Date signed 4-22-43

10 00

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 543-2207

Date Filed 5-7-43

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 Cape 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.