V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17513

Registration District No. 153 Primary Registration District No. 3010 Registrar's No. 142

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: 207 S. Fountain St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL")
(d) Street No. 207 S. Fountain
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---------- 0

3. (a) PRINT FULL NAME Eva Dunn
3. (b) If veteran, name war ------- 3. (c) Social Security No. ------
4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eddie Dunn 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August 7, 1895 (Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Smith County, Tennessee / (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ----------
FATHER
12. Name J. C. Cardwell
13. Birthplace Smith County, Tenn. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Moorey Bell
15. Birthplace Smith County, Tenn. / (City, town, or county) (State or foreign country)
16. (a) Informant Eddie Dunn
(b) Address 207 S. Fountain Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Shady Grove Cemetery
18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Missouri
19. (a) 5-5-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1943 hour 6 minute 06 P. M.
21. I hereby certify that I attended the deceased from Sept. 8 1942, to 4-30 1943
that I last saw her alive on 4-30- 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease a Decompensation	8 mons
Due to Chronic Nephritis	10 mons
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 b

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 W. A. Kingal (M. D. ~~or other~~)
Address 90 + S Locust St Charleston, Mo. Signed 5-3-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643-2308

Date Filed 6-7-43

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 Frank Sparks

Licensed Embalmer No. 3455

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.