V. S. No. 2
50M—5-42
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

Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17535

Primary Registration District No. 3010

Registrar's No. 148

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: 227 rear S. Spanish 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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 227 rear S. Spanish St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---------

3. (a) PRINT FULL NAME Walter Edward Prince

3. (b) If veteran, name war ---------

3. (c) Social Security No. 491-18-5706

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife ---------

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased Sept. 12, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	7	26	hr. min.

9. Birthplace Jackson, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ---------

FATHER
12. Name Eugene Prince
13. Birthplace Cape Girardeau County, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Russell
15. Birthplace Cape Girardeau County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Prince

(b) Address 426 North St., Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 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) 5-11-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-15, 1943 to 5-8, 1943
that I last saw h. 17 alive on 5-1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Valvular Carditis

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92d

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)

(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 [signature] (M. D. or other) MD

Address Cape Girardeau Date signed 5/10/43

10 14

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643-2314

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.