

20995

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 2
M-5-42
5-17-39
I X3287

LED JUL 9 1943
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 175

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 7 days
(Specify whether of)

In this community 7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Longtown Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Adelie Hacker

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Christ Hacker 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August 30 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 31, 1943, to June 7, 1943;
that I last saw h... alive on June 6, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 9 7 _____ hr. _____ min.

Immediate cause of death Chronic myocarditis Duration _____

Due to 2 938

Due to _____

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Schmidt

{ 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Max Hacker

(b) Address Longtown Mo.

17. (a) Burial (b) Date thereof 6-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo.

18. (a) Signature of funeral director Young & Son

(b) Address Perryville Mo.

19. (a) 6-9-43 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature Carl W. Zimmerman (M. D.)
Address Cape Girardeau, Mo. Date signed 6-8-43

1017

RECEIVED

District Health Officer No. 4
District File Number 743-2399
Date Filed 7-7-43

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 Walter Young
Licensed Embalmer No. 4027
P. O. Address Perryville 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.