

U.S. No. 2
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U.S. GOVERNMENT PRINTING OFFICE

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21003

State File No. _____

JUL 9 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 178

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: Southeast Missouri Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Olive Hood

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6/11/43 19... to 6/12/43 19...;

that I last saw her alive on 6-11- 19... 43
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Grant Hood

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

7. Birth date of deceased (Month) 1 (Day) 9 (Year) 1909

Immediate cause of death: Post Operative Shock 1 day

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____

Due to: Possible Anemia

Due to: Gall Bladder

Due to: Secondary Hemorrhage

9. Birthplace Hematite Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&P

Of autopsy _____

11. Industry or business _____

12. Name Charles Campbell

13. Birthplace Ware Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bell Merseal

15. Birthplace Fletcher Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr Grant Hood

(b) Address Morehouse Mo.

17. (a) Burial (b) Date thereof 6/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ware Mo.

(Specify type of place)

While at work? (e) Means of injury _____

23. Signature D. B. Chad MD (M. D. or other)

Address Cape Girardeau Mo Date signed 6/12/43

18. (a) Signature of funeral director Hunter Albritton

(b) Address Sikeston Mo.

19. (a) 6-15-43 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

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

16
4

43

RECEIVED

District Health Officer No. 4
District File Number 743-2402
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 Hunter Albritton
Licensed Embalmer No. 4210
P. O. Address Spartan

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.