

No. 2
1-2-43
5-17-38
1-1-38

16
1
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24617

FILED
AUG 11 1943

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 230

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: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days) 6 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New River
(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 RUSSELL VINCENT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single widowed, married, divorced SINGLE

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

7. Birth date of deceased Nov 14 - 1936
(Month) (Day) (Year)

8. AGE: Years 6 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Risco MO
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business _____

12. Name FRED VINCENT

13. Birthplace KOSH KONG MO
(City, town, or county) (State or foreign country)

14. Maiden name MARIE SCOTT

15. Birthplace NEW MADRID MO
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Vincent
(b) Address Risco Mo

17. (a) Burial (b) Date thereof 7/14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation maulden
(d) Signature of funeral director Rick and Co
(e) Address New Madrid Mo

19. (a) 7-19-43 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1943 hour 10 minute 56 A. M.

21. I hereby certify that I attended the deceased from 7-7-43 to 7-12-43 that I last saw him alive on 7-12-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Appendicitis
Tonsillitis
Oper
Appendicitis
Low resistance

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)
Major findings: 12/11
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Cape Girardeau Mo Date signed 7/14/43

3:08

RECEIVED

District Health Officer No. 4
District File Number 843-2560
Date Filed 8-10-43

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 Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address. New Madrid, 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.