

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3558E

State File No. ....

Registrar's No. 711

Primary Registration District No. 5984

Registration District No. 290

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Pikeville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1 Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME FRANCIS. CADE.  
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec 8, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 9 26 hr. min.

9. Birthplace Bradford See 1  
(City, town or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business  
12. Name Thomas R. Cade  
13. Birthplace Stur Co Ill.  
(City, town or county) (State or foreign country)  
14. Maiden name Grace Cade  
15. Birthplace Marshall Co Ill.  
(City, town or county) (State or foreign country)

16. (a) Informant Thomas Cade  
(b) Address Pikeville Mo  
17. (a) Removal Removal (b) Date thereof 10-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bradford Ill  
18. (a) Signature of funeral director R. B. Peeples  
(b) Address Pikeville Mo  
19. (a) Oct 18, 1943 (b) John M. Cade  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski  
(c) City or town Pikeville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 43 hour 9 minute PM  
21. I hereby certify that I attended the deceased from Sept - 30 to Oct 2 1943  
that I last saw him alive on 9-31 and that death occurred on the date and hour stated above.

Immediate cause of death Infantile Flu  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature R. B. Peeples (M-D or other)  
Address Pikeville, Mo Date signed 10-2

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

MOTHER FATHER

**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.....

Licensed Embalmer No. 3198

P. O. Address.....

**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.**