

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

NOV 18 1943 52
Registration District No. _____

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 76 yr. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Jackson (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 JOSEPH DIDIER

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 Married
6. (b) Name of husband or wife Married
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 20 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 10 If less than one day hr. _____ min.

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

10. Usual occupation Flour mill worker

11. Industry or business

12. Name James Didier
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joseph Didier
(b) Address Jackson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 1943 (Month) (Day) (Year)
(c) Place: burial or cremation city cemetery

18. (a) Signature of funeral director Wilson, Statterbaugh
(b) Address Jackson, Mo.
19. (a) 10/21/43 (Date received local registrar) (b) J. W. Keates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1943 hour 6:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 29, 1942 to October 29th 1943, that I last saw him alive on October 29th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction (decompensation)
Due to Coronary Vascular Disease & pulmonary Abscess
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) (f) Means of injury _____
23. Signature W. P. Tindall (or other) _____
Address Jackson, Mo. Date signed 10/30/43

RECEIVED

District Health Officer No. 4
District File Number 1143-2957
Date Filed 11-15-43

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson, 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.