

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37102

FILED DEC 8 1943  
Registration District No. 5183

Primary Registration District No. 5183

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township) Boonville

(c) Name of hospital or institution: Jackson Mo Star Route (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Jackson Mo Star Route (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pink Limbaugh

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1943 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1942 to Nov 1943; that I last saw him alive on Nov 3 1943 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Elija Crain Limbaugh 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Mar 10 1863 (Month) (Day) (Year)

Immediate cause of death Metastatic carcinoma Duration 1 year

Due to Carcinoma of prostate 5 yrs

Due to Prostatic hypertrophy? 10 yrs

Other conditions Anemia 2 yrs  
(Include pregnancy within 3 months of death)

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

78 7 28 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Amizarr Limbaugh

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

14. Maiden name Ann

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations 518

Of autopsy \_\_\_\_\_

16. (a) Informant Buerett Limbaugh

(b) Address Millerville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/43 (Month) (Day) (Year)

(c) Place: burial or cremation Sedgewickville

18. (a) Signature of funeral director McComb & Co

(b) Address Jackson Mo

19. (a) 11/10 1943 (Date received local registrar) (b) J. H. G. Kestner (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature T. E. Ruff (M. D. or other) MD

Address Jackson Mo Date signed 11-2-43

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

RECEIVED

District Health Officer No. 4  
District File Number 1243-2991  
Date Filed 12-7-43

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**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..... *B. A. Meyer* .....

Licensed Embalmer No. 3051 .....

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.**