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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

State File No. 41861

FILED JAN 10 1944

Registration District No. 33 — Primary Registration District No. 3010 — Registrar's No. 421

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: SMELTERVILLE 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 1

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

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

If yes, name country 0

3. (a) PRINT FULL NAME DAVID CROFFORD MAGLONE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

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 JAN (Month) 9 (Day) 1907 (Year)

8. AGE: Years 36 | Months 11 | Days 24 | If less than one day ..... hr. ..... min.

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

10. Usual occupation [redacted]

11. Industry or business LABORER

FATHER
12. Name JAMES MAGLONE
13. Birthplace CLAY CITY (City, town, or county) ILL 1 (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant John D Maglone X
(b) Address Cape Girardeau Mo. his mark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN (Month) 1 (Day) 1944 (Year)
(c) Place: burial or cremation FAIRMOUNT CENTARY

18. (a) Signature of funeral director M G Lorberg
(b) Address Cape Girardeau Mo.

19. (a) 1-1-44 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 31 year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from DEC 1st, 1943 to DEC 31, 1943 that I last saw him alive on DEC 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arthritis Deformans	25 yrs
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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PHYSICIAN — 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature M. Spanhauk (M. D. or other) M.D.

Address 131 N. Ellis Cape Girardeau Mo. Date signed 1-1-44

1014

(Licensed Embalmer's Statement on Reverse Side)

.EIVED

.trict Health Officer No. 4

District File Number 144-319

Date Filed 1-7-44

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 This Body Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 38/8

P. O. Address Cape Girardeau, 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.