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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41887

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 383.

**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:
907 Independence Street
(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 1½ Hours

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 907 Independence Street
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Baby Girl Nabe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 3rd (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. 30 min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Alvin LeRoy Nabe
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Virginia Hefner
15. Birthplace Malden (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Alvin Nabe
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-03-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetary

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 12-9-43 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 3rd year 1943 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 3, 1943, to Dec 3, 1943, that I last saw her alive on Dec 3, 1943, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Premature birth

Due to

Due to
159

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address Cape Girardeau Mo Date signed 12-3-43

1011

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 144-3758

Date Filed 1-7-44

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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.....

Licensed Embalmer No.....

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.**