

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 34

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:
1 R. East 1st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 years 10 Mos. 10 days (Specify whether years, months or days)

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. 1 R. East 1st Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Billy Joe Rann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 March 14th 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 10 10 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name C. T. Rann
13. Birthplace Jennings County Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Morris
15. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. C. T. Rann
(b) Address Cape Girardeau, Missouri
17. (a) Burial (b) Date thereof 1-24-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri
19. (a) 1-26-44 (b) J. O. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1944 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from One week
Jan 23 1944, to 1-24-44 1944
that I last saw him alive on Jan 23-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastroenteritis
Not diagnosed
Duration 1 day

Due to _____
Due to _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. W. Weir (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 1-26-44

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

16
1
4

RECEIVED

District Health Officer No. 4
District File Number 244-3408
Date Filed 2-9-44

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.....

....., 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.