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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

6763

State File No.

Registrar's No. 82.

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:
St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community I month

2. USUAL RESIDENCE OF DECEASED: 9

(a) State Mo. (b) County Bollinger

(c) City or town Glen Allen 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Opal May Cobb

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 Married

6. (b) Name of husband or wife Everett Cobb

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Oct. (Month) 24, (Day) 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
25	3	29	hr. min.

9. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Hwf.

11. Industry or business

FATHER
12. Name Harley Underwood
13. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lula Acup
15. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Everett Cobb
(b) Address Glen Allen, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mc Gee Chapel

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. E. Graham

19. (a) 3-1-44 (Date received local registrar) (b) H. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd year 1944 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from 1/20 1944 to 2/23 1944 that I last saw h. alive on 2/23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Body Decay

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Acc. 009

(b) Date of occurrence 1-25-44

(c) Where did injury occur? Glen Allen (City or town) Bollinger (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Residence Home (Specify type of place)

While at work? yes (e) Means of injury Kindling fire in Stove

23. Signature C. Brush (M. D. or other) Rit

Address Cape Girardeau Mo Date signed 3/25/44

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 344-3545

Date Filed 3-9-44

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Latrobe, 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.