S. No. 2
OM—2-43
v. 5-17-39
I X35897

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. 6781

FILED MAR 30 1944

Registration District No. ____ Primary Registration District No. 3010 Registrar's No. 76

16 1 4

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: 334 S. Fountain St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----------
In this community: 6 months (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.: 334 S. Fountain St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----------

3. (a) PRINT FULL NAME: Charles Edward Mack
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: ----------
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: (Infant)
6. (b) Name of husband or wife: ----------
6. (c) Age of husband or wife if alive: ---------- years
7. Birth date of deceased: August 15, 1943 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
None	6	10	____ hr. ____ min.

9. Birthplace: Cape Girardeau, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: ----------
11. Industry or business: ----------
MOTHER FATHER
12. Name: Johnnie Mack
13. Birthplace: Monroe, La. (City, town, or county) 0 (State or foreign country)
14. Maiden name: Hattie Presberry
15. Birthplace: Biscoe, Ark. (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Mrs. Hattie Mack (mother)
(b) Address: 334 S. Fountain St. Cape Girardeau Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 27, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Mo.
19. (a) 3-28-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1944 hour 3:00 minute A.M.
21. I hereby certify that I attended the deceased from Feb. 25 1944 to Feb 28 1944 that I last saw him alive on Feb. 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 107
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: G. M. Murphy (M. D. or other)
Address: Cape Girardeau Mo. Date signed 2-28-44

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 344-353
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 Frank Sparks

Licensed Embalmer No. 3455

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.