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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 21279

Registrar's No. 199.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED: (Mothers residence)
(a) State Mo. (b) County Scott
(c) City or town Benton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Lucinda Terry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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 June (Month) 17 (Day) 1944 (Year)

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

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER
12. Name Dave Terry
13. Birthplace — (City, town, or county) Miss. (State or foreign country)
14. Maiden name Lenora Sanders
15. Birthplace Grady (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Dave Terry
(b) Address Benton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Benton, Mo.

18. (a) Signature of funeral director Family
(b) Address Benton, Mo.

19. (a) 6-21-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

1014

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18 year 1944 hour 9: minute 30 P. M.

21. I hereby certify that I attended the deceased from 6/17 1944 to 6/18 1944 that I last saw him alive on 6/18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY

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)
(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) MD
Address Cape Girardeau Date signed 6/19/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 744-4050

Date Filed 7-7-44

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 ....., 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.