

S. No. 2
4-8-43
5-17-39
P 1 X37823

27438

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8. 1944

Registration District No. 5-3

Primary Registration District No. 3010

Registrar's No. 251

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

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:
520 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 63 years
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. 520 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daisy Prim
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 1
year 1944 hour 6 minute 20 P. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. Prim 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 10, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-21-1944 to 7-28-1944
that I last saw her alive on 7-28-1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 7 22 hr. min.

Immediate cause of death Uremia
Due to Chronic Nephritis
Duration 8 days
Due to _____
Duration _____

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

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
1312

10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Henderson
15. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ada Whitelaw
(b) Address 45 N. Hanover St. Cape Girardeau, Mo.
17. (a) Burial (b) Date thereof August 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

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 _____

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.
19. (a) 8-5-44 (b) F. J. Sparks
(Date received local registrar) (Registrar's signature)

23. Signature W. A. Fernald (M. D. or other)
Address 204 S. Locust St. Cape Girardeau, Mo. 8-2-49

RECEIVED

District Health Officer No. 4

District File Number 944-426

Date Filed 9-7-44

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 Frank Sparks

Licensed Embalmer No. 3453

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.