

FILED JAN 18 1945

Primary Registration District No. **3010**

Registrar's No. **412**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South East Mo. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day Specify whether _____

In this community 1 day 6 mos
years, months or days)

3. (a) PRINT FULL NAME LARRY WAYNE ExLER

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: May 7-3-1944
(Month) (Day) (Year)

8. AGE: Years 0 Months 6 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Ralph Exler

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

14. Maiden name Anna Brummann

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

16. (a) Informant Ralph Exler

(b) Address Egypt Mills, Mo.

17. (a) Burial (b) Date thereof 12-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egypt Mills, Mo.

18. (a) Signature of funeral director Geo. S. Newell

(b) Address Cape Girardeau, Mo.

19. (a) 12-13-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

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. Rural Route
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1944 hour 7 minute 40 A M.

21. I hereby certify that I attended the deceased from Dec 7 _____, 1944, to Dec 8 _____, 1944;
that I last saw him alive on Dec 7 _____, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Aspiration of food?

Due to Nutritional Anemia

Due to Sole milk diet

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy All structures normal. (over)

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 Carl W. Zimmerman (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed Dec 13/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Child was found on the morning of Dec 8. gasping for air - was dead in a few moments. - Phys. Examination revealed no abnormalities, for did post-mortem examination - Unfortunately the trachea was not opened - the presumption that it might, in the hand aspirated food. - nurse states it had not vomited. - Thymus was normal. -

EMBALMER

District Health Officer No. 4
District File Number 145-62
Date Filed 1-8-45

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. Howell

Licensed Embalmer No. 3390

P. O. Address Cape

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.