

S. No. 2
M-8-43
5-17-39
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7311

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 14 1945

Registration District No. 338

Primary Registration District No. 3023

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Chaffee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 10 years

3. (a) PRINT FULL NAME Bert M. Common

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 702-09-2254

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Mae Fee M. Common 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec. 21, 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Evansville Ind
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Conductor

11. Industry or business _____

12. Name Jerome M. Common

13. Birthplace Dant K. nov
(City, town, or county) (State or foreign country)

14. Maiden name Sue Palmer

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Mae M. Common

(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof Feb 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cape Girardeau

18. (a) Signature of funeral director B. S. Inghaff Funeral Home

(b) Address Chaffee, Mo

19. (a) Feb 7-1945 (b) Christina Graces
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Chaffee
(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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1945 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from July 3, 1945 to July 6, 1945
that I last saw him alive on July 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Uremia

Due to Carcinoma Bladder

Due to Probable Metastasis
Mediastinal Glands

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

Major findings: Carcinoma
Of operations Bladder Operation
Of autopsy 1943

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 W. O. Jones (M. D. or other) _____

Address Chaffee Mo Date signed 2/7/45

Duration

5 w
2 wks

6 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1225

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No.

District File Number 315-4

Date Filed 3/18/4

JUL 11 1950

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 Marnie Dupleuff

Licensed Embalmer No. 3245

P. O. Address Chaffee 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.