

7. S. No. 2
FORM-8-43
rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16557

FILED JUN 9 1945
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 156

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: St. Francis Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks
(Specify whether years, months or days)

In this community 54 years

3. (a) PRINT FULL NAME Arthur C. Vogelbein

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur C.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug 21 - 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>29</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business -

12. Name Vic Harper

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace - 9
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Vogelbein

(b) Address Cape Girardeau Mo

17. (a) Rural (b) Date thereof 5/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springer

18. (a) Signature of funeral director W. H. Newell

(b) Address Cape Girardeau Mo

19. (a) 5-29-45 (b) H. H. 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. 1539 Whilmer
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from 9-15 to 5-20 1945
that I last saw her alive on 5-20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: H&A

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:

(c) 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?

23. Signature W. H. Newell (M. D. or other) M.D.
Address Cape Girardeau Date signed 5/27/45

RECEIVED

District Health Officer No. 4
District File Number 645-703
Date Filed 6-6-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Osprey, Ga

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.