

FILED SEP. 7 1945

Registration District No. 339

Primary Registration District No. 6149

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town near Pines, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
559 South Sprigg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 44 yrs.
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. 559 So Sprigg
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 12
year 1945 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____

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

Major findings:
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:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug. 12, 1945
(c) Where did injury occur? near Pines, Mo.
(City & town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On highway, car run into ditch.
While at work _____ (e) Means of injury _____
23. Signature: H. Brant (M. D. or other) _____
Address: Depta, Mo. Date signed Aug 15, 1945

3. (a) PRINT FULL NAME ROY DENTON

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 married

6. (b) Name of husband or wife Fath. Alen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 31 - 1901
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 11 If less than one day hr. _____ min. _____

9. Birthplace: Terre Haute Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Welding Supplies

11. Industry or business: _____

12. Name: Oscar Denton

13. Birthplace: Terre Haute Ind.
(City, town, or county) (State or foreign country)

14. Maiden name: Mrs. M. J. Garrow

15. Birthplace: Clown Port - Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Roy Denton
(b) Address: Cape Girardeau Mo.

17. (a) Buried (b) Date thereof: 8-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: In Pines Cemetery

18. (a) Signature of funeral director: H. P. Stowell
(b) Address: Cape Girardeau Mo.

19. (a) 8-15-1945 (b) J. R. Stumm
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1132

RECEIVED

District Health Office No. 2

District File Number 965-308A

Date Filed 9-6-45

AUG 4 1948

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. J. Estes*.....

Licensed Embalmer No. 3568.....

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.