

FILED OCT 10 1945

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 276

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1827 Lacey 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 1 yr. 7 mo. 24 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 1827 Lacey
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert F Hemperley

3. (b) If veteran, name war No ✓

3. (c) Social Security No. _____ ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from 7-24-45 to 7-24-45 1945

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

7. (b) Name of husband or wife Miss Owell Brooks Hemperley 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Sep 23 (Month) 1899 (Day) (Year)

that I last saw him alive on 7-24-45 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocardia Duration _____

8. AGE: Years 45 Months 10 Days 1 If less than one day _____ hr. _____ min.

Due to Coronary Disease ?

Due to _____

9. Birthplace Miller County Ark (City, town, or county) (State or foreign country)

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

Major findings: Of operations 93d

Of autopsy _____

10. Usual occupation Farmer, Bus operator

11. Industry or business Bus Transportation

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? _____

12. Name R. F. Hemperley

13. Birthplace Miller County Ark (City, town, or county) (State or foreign country)

14. Maiden name Mollie Lawton

15. Birthplace Miller County Ark (City, town, or county) (State or foreign country)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul M. ... (M. D. or other) Mo

Address 490 BIRARDEAU MO Date signed 7/24/45

16. (a) Informant Mrs Owell Brooks Hemperley

(b) Address 1827 Lacey St. Cape Gir. Mo.

17. (a) Removal (b) Date thereof July 25 (Month) (Day) (Year)

(c) Place: burial or cremation Shelburne Va.

18. (a) Signature of general director A. H. Phelps

(b) Address Cape Girardeau Mo

19. (a) 9-8-45 (b) F. H. Phelps (Date received local registrar) (Registrar's signature)

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

16
1
4

MOTHER FATHER

Health Officer No. 4
District File Number 1045-1142
Date Filed 10-6-45

REC 19 1945

MAY 11 1948

APR 12 1952

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 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.