S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

351

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2362

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 627 N. Middle St.
(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: life

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.: 627 N. Middle St.
(If rural, give location)
(e) Citizen of foreign country? ---------- No (Yes or No)
If yes, name country: ----------

3. (a) PRINT FULL NAME: Lincoln McGruder
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: ----
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: ----------
6. (c) Age of husband or wife if alive: -------- years
7. Birth date of deceased: August 18, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	5	5	hr. min.

9. Birthplace: Gordonville, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ----------
FATHER
12. Name: Unknown
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Social Security Commission
(b) Address: Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Mo.
19. (a) 1-26-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23 year 1946 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	
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)
(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: Dr. J. F. Sigmund Coroner (M.D. or other)
Address: Jackson, Mo. Date signed: 1/25/46

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 246-1663
Date Filed 2-7-46

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.