No. 2
1—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4818

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 69

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: ST FRANCIS.0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 DAYS (Specify whether years, months or days)
In this community: 40 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: CAPE GIR. 16
(c) City or town: CAPE GIRARDEAU 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 1406 BLOOMFIELD ST. 14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: ✓

3. (a) PRINT FULL NAME: GUS EUMONT
3. (b) If veteran, name war: NONE
3. (c) Social Security: 490-05-5345
4. Sex: MALE 0
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: DAISY.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: AUG. (Month) - 12 (Day) - 1884 (Year)

8. AGE: Years 61 Months 6 Days 10 If less than one day hr. min.

9. Birthplace: TIPTON (City, town, or county) MO (State or foreign country)
10. Usual occupation: FOREMAN
11. Industry or business: INTERNATIONAL SHOE CO
FATHER
12. Name: HENRY EUMONT
13. Birthplace: ST LOUIS (City, town, or county) MO 0 (State or foreign country)
MOTHER
14. Maiden name: MARY GRESS
15. Birthplace: BONNETS MILL (City, town, or county) MO (State or foreign country)
16. (a) Informant: MRS. GUS EUMONT
(b) Address: CAPE GIRARDEAU, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2/25/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: ST MARYS CEM
18. (a) Signature of funeral director: Walthers Und. Co
(b) Address: CAPE GIRARDEAU, MO
19. (a) 2-25-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 year 46 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from 2/18 1946 to 2/22 1946 that I last saw him alive on 2/22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis

Due to:

Due to:

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

Major findings:
Of operations: 3/26
Of autopsy:

Duration

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) 0
While at work? (e) Means of injury:
23. Signature: O. Pruett (M. D. or other)
Address: Cape Girardeau Mo Date signed: 2/23/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

[illegible] File Number 346-1798

[illegible] 3-6-46

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 Virgil W. Welch

Licensed Embalmer No. 4102

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.