

FILED MAR 8 1946

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days
In this community 29 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

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

(d) Street No. 13 S. Henderson
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Larry Robert Pense

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 7, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 29 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Herbert Pense

13. Birthplace Tilsit Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Esther Farron

15. Birthplace Oriole Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert H. Pense

(b) Address Cape Girardeau, Mo

17. (a) Burial (b) Date thereof 2. 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director D. J. [unclear]

(b) Address Cape Girardeau, Mo

19. (a) 2-7-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1946 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 7, 1946, to Jan 5, 1946
that I last saw him alive on Jan 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral paralysis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration 3 days

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles J. [unclear]
Address Cape Girardeau, Mo Date signed 2/6/46

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

3854

RECEIVED

District Health Officer No. 4
District File Number 346-1778
Date Filed 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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed *C. J. Loberg*

..... Licensed Embalmer No. 3810

..... 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.