

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 8729

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 89

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: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 51 years years, months or days)

3. (a) PRINT FULL NAME John Middleton

3. (b) If veteran, name war ----- 3. (c) Social Security No. 490-24-5257

4. Sex Male 5. Color or race Negro 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 May 15, 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 25 hr. min.

9. Birthplace Vicksburg, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business -----

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Geo. Randol

(b) Address 327 N. Frederick, Cape Girardeau

17. (a) Burial (b) Date thereof March 15, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. D. Sparker

(b) Address Cape Girardeau, Mo.

19. (a) 3-13-1946 (b) C. C. Summers (Registrar's signature)

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. 416 North St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 11th, 1946, to March 12, 1946 that I last saw him alive on March 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 30 hrs

Due to hypertension ?

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ----- Of autopsy ----- 830

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) (c) Means of injury -----

23. Signature J. Cochran (M. D. or other) C
Address Cape Girardeau Mo Date signed 3/13/46

7660 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
District File Number 446-1934
Date Filed 4-9-46

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. 3458
P. O. Address Dep. Grandview MD

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.