. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

21795

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22937

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 267

16
4

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 None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community all Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir. 16
(c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL")
(d) Street No. 313 N. End Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arien LeRoy Mandrell
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 12 (Day) 1946 (Year)

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
10. Usual occupation Child 0
11. Industry or business —
FATHER
12. Name Joe Mandrell
13. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lethea Dawson
15. Birthplace Cape Girardeau 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Katy Dawson
(b) Address Cape Gir Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount Cemetery
18. (a) Signature of funeral director Joe G. Howell
(b) Address Cape Girardeau
19. (a) 8-7-1946 (Date received local registrar) (b) E. E. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1946 hour 12 minute P. M.
21. I hereby certify that I attended the deceased from July 12, 1946 to July 16, 1946 that I last saw him alive on July 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	
Due to Fall mother vacant 2 days before delivery	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	PHYSICIAN
Of autopsy	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 A. M. Murphy (M. D. ~~or other~~)
Address Cape Girardeau Date signed 7-16-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 846-2505

Date Filed 8-12-46

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.

Not Embalmed

Signed W. H. Estes

Licensed Embalmer No. 3568

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.