

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
FILED SEP 4 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 283

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community 13 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stoddard  
(c) City or town Advance  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DONNA MARIE KIGHT  
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug, day 3  
year 1946 hour 7 minute 03A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 0 years  
7. Birth date of deceased July 22, 1946  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 22, 1946 to Aug 3, 1946  
that I last saw him/her alive on Aug 6, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
0 0 11 hr. min.

Immediate cause of death Cremated by Atomic Bomb  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)  
Due to \_\_\_\_\_

10. Usual occupation Infant

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Norman Kight

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

14. Maiden name Wendy

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

16. (a) Informant Norman Kight  
(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof Aug 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park  
18. (a) Signature of funeral director Clay S. Morgan  
(b) Address Advance, Mo.  
19. (a) 8-26-1946 (b) C. E. Summers  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Chas. J. Herbst (M. D. or other)  
Address Cape Girardeau, Mo. Date signed 8/23/46

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

25345

RECEIVED

District Health Officer No. 4  
District File Number 946-2541  
Date Filed 9-3-46

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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.....

not Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gloyd S. Morgan  
Licensed Embalmer No. 3361  
P. O. Address Advance, 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.