

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36671

FILED SEP 4 1946

Registration District No. **33**

Primary Registration District No. **3010**

Registrar's No. **284**

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 15 days
(Specify whether years, months or days)

In this community 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. Near Bell City, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BARBARA ANN DATES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 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 Feb. 2, 1937
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>9</u>	<u>6</u>	<u>1</u>	hr. min.

9. Birthplace Cape Co. Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name Carl Dates

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

14. Maiden name Edith Bearden

15. Birthplace Cape Co. Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Dates

(b) Address Bell City, Mo. R. #1

17. (a) Burial (b) Date thereof 8-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Disgale Cemetery, Hillsville, Ark.

18. (a) Signature of funeral director Edw. S. Morgan

(b) Address Adairville, Mo.

19. (a) 8-24-1946 (b) E. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 25, 1946 to Aug 9, 1946
that I last saw him alive on Aug 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Rocky Mountain Spotted Fever 4 wks?

Due to _____

Due to _____

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

Major findings: Of operations 79

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? _____

23. Signature Chas. J. Herbert (M. D. or other) _____

Address Cape Girardeau, Mo. Date signed 8/25/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

253354

44

RECEIVED

Minister Health Officer No. 4
District File Number 946-2542
Date Filed 9-3-46

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.....

Floyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed Floyd 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.