

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 23 1946
Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 307

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: S.O.E.Mo HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 DAYS
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: CAPE GIR 16

(c) City or town: CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 415 No LOUISIANA AVE 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: _____

3. (a) PRINT FULL NAME: GAROLYN S. RICHEY

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

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: AUG - 30 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 17 If less than one day hr. _____ min. _____

9. Birthplace: CAPE GIRARDEAU, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: NONE

11. Industry or business: NONE

12. Name: H.E. RICHEY

13. Birthplace: NEW MADRID Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: LOIS HARVEY

15. Birthplace: NAYLOR Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: MRS. H.E. RICHEY (b) Address: CAPE GIRARDEAU

17. (a) BURIAL (b) Date thereof: 9-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MEMORIAL PARK

18. (a) Signature of funeral director: Walthus Und. Co. (b) Address: Cape Girardeau Mo.

19. (a) 9-17-1946 (b) G.C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1946 hour one minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 31 1946, to Sept 17 1946 that I last saw him alive on Sept 16 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity Duration: Life

Due to _____
Due to _____

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

Major findings: Of operations: _____
Of autopsy: _____
159

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: 0

23. Signature: J.H. Cochran (M. D. examiner) Address: Cape Girardeau Mo. Date signed: 9/17/46

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

16
1
4

44

RECEIVED

District Health Officer No. 4

His File Number 946-2640

Date 9-23-46

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.....

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

Signed Virgil T. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.