

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23612

FILED JUL 30 1947

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 224

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:
1200 Giboney St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community about 1 year
years, months or days)

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. 1200 Giboney
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charalottie Ann Pind

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 11, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 11 25 hr. min.

9. Birthplace Anna Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Carl D. Pind

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

14. Maiden name Dorothy Horsley

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

16. (a) Informant Carl D. Pind

(b) Address 1200 Giboney Cape Girardeau

17. (a) Burial (b) Date thereof 7/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Harrison
(b) Address Cape Girardeau, Mo.

19. (a) 7-23-1947 (b) G. C. Sumner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 6
1947, 19____, to July 6, 1947.
that I last saw h. s. r. alive on 11:25 A.M. July 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Reconstruction

Due to _____

Due to _____

Other conditions abscesses multiple face
(Include pregnancy within 3 months of death)
and Body.

Major findings:
Of operations _____

Of autopsy 152

Duration

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Edward D. Campbell, M.D.
(M. D. or other)

Address Cape Girardeau, Mo. Date signed 7-8-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 747-927
Date Filed 7-28-47

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 William Lee Townes

Licensed Embalmer No. 4410

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.