V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26983

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 243

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

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: 20 So. PACIFIC. ST (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 20 So. PACIFIC ST (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME RALPH S. HANEY

3. (b) If veteran, name war —

3. (c) Social Security No. 332—03—4886

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUG (Month) 14 (Day) 1901 (Year)

8. AGE: Years 45 Months 11 Days 25 If less than one day hr. min.

9. Birthplace FRENCH VILLAGE. Mo (City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business

FATHER
12. Name DR. T. L. HANEY
13. Birthplace COFFMAN Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY SIMPSON
15. Birthplace LIBERTYVILLE Mo (City, town, or county) (State or foreign country)

16. (a) Informant MRS. RUBY HANEY

(b) Address CAPE GIRARDEAU

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARYS. CEM

18. (a) Signature of funeral director Walthers Und. Co

(b) Address Cape Girardeau Mo

19. (a) 8-11-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 8 day 9 year 1947 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct-14, 1946 to Aug. 9, 1947; that I last saw him alive on Aug-9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis & sever

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

94P

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 J. H. Kerin M.D. (M.D. or other)

Address Cape Girardeau, Mo Date signed 8/11/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 847-1060
Date Filed 8-18-47

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Virgil W. 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.