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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town "

(c) Name of hospital or institution: Southeast Mo. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girar.

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

(d) Street No. " (By railroad track)  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Hennesse

3. (b) If veteran, name war No.

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1948 hour 7:05 minute P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Don't Know

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

7. Birth date of deceased Jan. 1 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 22 1948 to March 26 1948  
that I last saw him alive on March 26, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

87 2 26 hr. \_\_\_\_\_ min.

Immediate cause of death myocardial infarction

Due to auricular fibrillation  
trans

Due to \_\_\_\_\_

9. Birthplace Sparta Tenn.  
(City, town, or county) (State or foreign country)

Other conditions fractures  
(Include pregnancy within 3 months of death)  
infection & exposure

10. Usual occupation none

11. Industry or business unknown

12. Name "

13. Birthplace "  
(City, town, or county) (State or foreign country)

14. Maiden name "

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

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

Of autopsy na.

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

16. (a) Informant County Welfare Assn.

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 3/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Cape Girardeau, Mo.

19. (a) 3-25-48 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury MI

23. Signature J. H. Kern (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 3/27/48

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

6  
4

RECEIVED

Health Officer No. 4

Number 448-413

4-5-48

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed C. J. Lohrey  
Licensed Embalmer No. 3810  
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.**