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

National Office of Vital Statistics

FILED APR 20 1948

STANDARD CERTIFICATE OF DEATH

State File No. 11751

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 124

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town — (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Family Home 1124 Williams (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 22 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir
(c) City or town Cape Gir. Mo (If outside city or town limits, write "RURAL")
(d) Street No. 1114 Williams (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES MAMMON
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Nettie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 13 (Day) 1879 (Year)
8. AGE: Years 68 Months 6 Days 27 If less than one day hr. min.
9. Birthplace Egypt Mills Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name John H Mammon
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Al shaw
15. Birthplace Alsace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Nettie Mammon
(b) Address Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hobbs Chapel
18. (a) Signature of funeral director Joe H Howell
(b) Address Cape Girardeau Mo
19. (a) 4-13-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Jan 1 1947 to April 10 1948 that I last saw him alive on 4-5 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

PHYSICIAN
Underline the cause of 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 Campbell (M. D. or other) M.D.
Address Cape Girardeau Mo. Date signed 4/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-51

Date Filed 4-19-48

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 _____

Licensed Embalmer No. 3568

P. O. Address Cape Fr

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.