

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 248

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: St Francis Hospo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 70 yrs (years, months or days)

3. (a) PRINT FULL NAME: CURTIS L CHILDS

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, married
 6. (b) Name of husband or wife: Lanne 6. (c) Age of husband or wife if alive: 55 years
 7. Birth date of deceased: Jan 14 1878 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace: Peelys Landing, Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Police officer

11. Industry or business: Retail Child

12. Name: Walter Child

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

14. Maiden name: Jane Woodruff

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

16. (a) Informant: Walter Child (b) Address: Cape Girardeau Mo

17. (a) Burial (b) Date thereof: 8-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Demareys Park

18. (a) Signature of funeral director: J. H. Shawee

(b) Address: Cape Girardeau Mo

19. (a) 8-13-48 (b) C. C. Summers (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri County: Cape Gir. 16
 (c) City or town: Cape Girardeau 14
 (If outside city or town limits, write "RURAL") 0
 (d) Street No.: 718 Shenus
 (If rural city location)
 (e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1948 hour 2 minute 4 M

21. I hereby certify that I attended the deceased from Jan. 1943 to Aug 10 1948

that I last saw him alive on Aug 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma

Due to: Diabetes

Due to: _____

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

Major findings: Of operations: _____

Of autopsy: 61

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: _____

23. Signature: J. H. Shawee (M. D. or other)

Address: Cape Girardeau Mo Date signed: 8/14/48

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 848-10
Date Filed 8-16-4

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Joe Howell
Licensed Embalmer No. 3390
P. O. Address Capitol

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.