DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

7-39
X26390

AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24736

Registration District No. 2 0 Primary Registration District No. 3 0 0 9 Registrar's No. 2 7 1

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: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CAPE

(c) City or town Cape Girardeau, Mo (If outside city or town limits, write "RURAL")

(d) Street No. 605 NORRIS WETHER (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JEFF DAVIS CHANCE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jennie

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug (Month) 2 (Day) 1861 (Year)

8. AGE: Years 79 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Mead

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Burial, cremation, or removal Bernard (b) Date thereof 7-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bethsemane Cem

18. (a) Signature of funeral director Cobb Funeral Home

(b) Address Bethsemane Cem

19. (a) Date received local registrar 7-22-41 (b) Registrar's signature M. Thompson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 1940 to 7/22 1941 that I last saw him alive on 7/22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Myocardial Failure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Chas. E. Yerkeak (M. D. or other) D

Address Cape Girardeau, Mo Date signed 7/22/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24736

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 271

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 605 S Merriweather
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jeff D. Chance
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant "
(b) Address "
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) F. N. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 2
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY