

1941 JAN 29 15:41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42046**

Registration District No. **124**

Primary Registration District No. **3009**

Registrar's No. **411**

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: **Southeast Mo. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **2 years** _____ (Specify whether
years, months or days) _____)

3. (a) PRINT FULL NAME **Minnie Beatrice Smith**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **!**

6. (b) Name of husband or wife **Elden Smith** 6. (c) Age of husband or wife if alive **1 - 1904** (Day) (Year)

7. Birth date of deceased **OCT** (Month) (Day) (Year)

8. AGE: Years **36** Months **2** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Spencer Tennessee** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Frank Stiele**

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

14. Maiden name **Mary Wanner**

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

16. (a) Informant's own signature **Elden Smith**

(b) Address **Cape Girardeau Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-8-1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Beyruth Mo - Oak Ridge Cent. on Public Highway**

18. (a) Signature of funeral director **A. H. Aman**

(b) Address **Cape Girardeau Mo**

19. (a) **12-7-40** (Date received local registrar) (b) **J. M. Thompson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau** (If outside city or town limits, write "RURAL")
(d) Street No. **1020 S Benton St.** (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th** year **1940** hour **7** minute **AM**

21. I hereby certify that I attended the deceased from **12-5** 19**40**, to **12-6** 19**40**, that I last saw her alive on **12-6** 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Concussion of brain and subarachnoid hemorrhage 12 hr**
Due to **injury received as a result of falling from a highway 174 near Cape Girardeau**
Other conditions **fracture of femur**
(include pregnancy within 3 months of death)

Major findings: **no operation**
Of operations _____
Of autopsy **no 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) **accident**
(b) Date of occurrence **12-5-40**

(c) Where did injury occur **Highway 174 near Cape Girardeau Mo** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On Public Highway**

While at work? **no** (Specify type of place) Means of injury **fall from truck**

23. Signature **R. D. Ritter M.D.** (M. D. or other) **R.D.**
Address **Cape Girardeau Mo** Date signed **12-7-40**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Lyman H. Sprinkle

Licensed Embalmer No.

4013

P. O. Address.....

Cape Girardeau

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 42046

Registration District No. 12.5

Primary Registration District No. 3009

Registrar's No. _____

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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Minnie Beatrice Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELDON 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 4-16-41 (b) Jm. Thompson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6 year 1940 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.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature P. A. Ritter (M. D. or other) _____
Address Cape Girardeau _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

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

1940
S-42046