

No. 2
1-13-40
17-39
X23159

MAY 9 1941

Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 138

1. PLACE OF DEATH: Cape Girardeau
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (c) Name of hospital or institution: St. Francis Hospital 13
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community 40 years
 years, months or days)

3. (a) PRINT FULL NAME ORA SWITZER STEELE

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, remarried
 6. (b) Name of husband or wife Lyman Steele
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased Dec 28, 1894
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	3	9	hr. _____ min.

9. Birthplace Dudley 0 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housekeeper

12. Name William Switzer

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

14. Maiden name Mary Sprague

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lyman Steele

(b) Address Jackson Md

17. (a) _____ (b) Date thereof 4-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Russell

(b) Address Jackson 121

19. (a) 4-7-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 16
 (c) City or town Jackson 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 41 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 4/3, 1941, to 4/7, 1941;
that I last saw him alive on 4/6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hepatitis

Due to _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature O. J. Smith (M. D. or other) _____
Address Cape Girardeau Date signed 4/7/41

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

MOTHER FATHER

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 Thos W Allen

Licensed Embalmer No. 4055-

P. O. Address Jackson, M

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.