S. No. 2
I—9-4-41
. 5-17-39
I X29484

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. 6222

FILED MAR 3 1925

Registration District No. 7 Primary Registration District No. 3009 Registrar's No. 29.

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: 490 North Pacific (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 70 years. (Specify whether years, months or days)

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. 490 North Pacific (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME SARAH E 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 Widowed
6. (b) Name of husband or wife John J
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 30 (Day) 1856 (Year)
8. AGE: Years 85 Months 2 Days 22 If less than one day ..... hr. ..... min.
9. Birthplace Castle County (City, town, or county) See (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER 12. Name Unknown
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 Mrs L Crump.
(b) Address Cape Girardeau. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Tower See
18. (a) Signature of funeral director Joe Gotwald
(b) Address Cape Girardeau Mo.
19. (a) 1-29-42 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from 1-6, 1942, to 1-23, 1942, that I last saw her alive on Jan 6 1942, and that death occurred on the date and hour stated above.

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

Major findings:
Of operations 830
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)
(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 O. Pleasant (M. D. or other)
Address Cape Girardeau Mo Date signed 1-24-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 242-172
Date Filed 2-10-42

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 J. G. Howell

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau Mo

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.