7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30025

Primary Registration District No. 3010.

Registrar's No. 279.

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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: 633 N. Main St.
(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: 17 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 633 N. Main St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 1

16
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3. (a) PRINT FULL NAME: Carrie 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:

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

7. Birth date of deceased: Unknown (Month) (Day) 1872 (Year)

8. AGE: Years 70 Months X Days X If less than one day hr. min.

9. Birthplace: Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Industry.

MOTHER FATHER
12. Name: Harry Thompson Copen
13. Birthplace: Ohio (City, town, or county) 1 (State or foreign country)
14. Maiden name: Emma Suzie
15. Birthplace: Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant: (Sister) Mrs. Frank Davis
(b) Address: New Braunfels Texas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 1st 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lorimier Cemetery, City.

18. (a) Signature of funeral director: Seabaugh Funeral Home
(b) Address: 1188 Spring, Cape Girardeau, Mo.

19. (a) Oct. 1, '42 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1942 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1942 to Sept 28, 1942 that I last saw he alive on Sept 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus — Duration: 2 years.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 61
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: A. E. Dalton (M. D. or other)
Address: Cape Girardeau Mo Date signed 10-1-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1042-128
Date Filed 10-13-42
DEC 1 1942

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 with the above constitutes grounds for revocation of license.)

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