

FILED SEP 8 1943

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural, Shannon Twp
(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
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. No. 1 Jackson Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME IRENE SMILEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1943 hour 3 minute 30 A.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Geo. E. Smiley 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 26, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>61</u> | <u>11</u> | <u>24</u> | _____ hr. _____ min. |

Immediate cause of death Chronic Myocarditis Duration _____

Due to Sclerosis of the Coronary Arteries

Due to _____

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

10. Usual occupation Housekeeper

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER

12. Name Robert Baldridge

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

14. Maiden name Miss Bowman

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A. L. Kings

(b) Address Jackson Mo

17. (a) Burial (b) Date thereof 8-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apple Creek Cemetery

18. (a) Signature of funeral director B. Blumcraft

(b) Address Jackson

19. (a) Aug 24-43 (b) Henry W. Cuff
(Date received local registrar) (Registrar's signature)

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) Means of injury 2

23. Signature Dr. J. F. Lignumbe Coroner
Jackson Mo. Date signed 8/21/43

RECEIVED

Sanitary Health Officer No. 4
Case File Number 943-2626
Date Filed 9-7-43

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 Gene C. Crockett

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.