

FILED OCT 9 1943

Registration District No. **33**

Primary Registration District No. **3010**

Registrar's No. **281**

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:  
**Smeltonville Suburb**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ercie McCombs**

3. (b) If veteran, name war **-----**

3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **Negro**

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

6. (b) Name of husband or wife **Elmer McCombs**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Feb. 1, 1909**  
(Month) (Day) (Year)

8. AGE: Years **34** Months **7** Days **4**  
If less than one day **-----** hr. **-----** min.

9. Birthplace **Commerce, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **-----**

12. Name **Chas. Wheeler**

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

14. Maiden name **Hattie Harris**

15. Birthplace **Cape Girardeau, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer McCombs** **Cape Girardeau, Mo.**

(b) Address **Smeltonville Suburb**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 7, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Cape Girardeau, Mo.**

19. (a) **9-8-43** (Date received local registrar) (b) **F. J. Sparks** (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. **Smeltonville Suburb**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **5**  
year **1943** hour **3** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Sept. 4**  
**1943** to **Sept 7** **1943**  
that I last saw her alive on **Sept 7** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute independent**

Due to **-----**

Due to **-----**

Other conditions **-----**  
(Include pregnancy within 3 months of death)

Major findings: **-----**

Of operations **-----**

Of autopsy **no**

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 **A. M. Murphy** (M.D. or other)  
Address **Cape Girardeau, Mo.** Date signed **Sept 5**

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

MOTHER FATHER

Duration **-----**

PHYSICIAN **-----**

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 1043-2793  
Date Filed 10-6-43

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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 Frank Sparks

Licensed Embalmer No. 3455

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.