

FILED OCT 19 1944
Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Morehouse Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)
In this community 3 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Nora Ellen Smith

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ira Smith 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 4 (Month) 28 (Day) 1890 (Year)

8. AGE: Years 54 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Restaurant Operator

11. Industry or business Restaurant

MOTHER FATHER { 12. Name Samuel Wesley Crain
13. Birthplace N Chattanooga Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Ellen Whitfield
15. Birthplace Grayson Co. Ky (City, town, or county) (State or foreign country)

16. (a) Informant Ira Smith
(b) Address Morehouse MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/44 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 10-11-44 (Date received local registrar) (b) Louise Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1944 hour 11 minute PM.

21. I hereby certify that I attended the deceased from 9-1 1943 to 8-11 1944
that I last saw h. er alive on 8-11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Long from Ca. of Breast Duration 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations 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?

While at work? (Specify type of place) (c) Means of injury 1

23. Signature A.M. Jones (M. D. or other) M.D.
Address Morehouse Mo. Date signed 9/13/44

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

U 52

RECEIVED

District Health Office No. 2,

District File Number 1044-1406

Date Filed 10-18-64

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.....

Embalmed

..... Registered Apprentice No.

working under my personal supervision.

Signed John A. ...

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.