

FILED JAN 10 1945

Registration District No. **2**

Primary Registration District No. **3010**

Registrar's No. **424**

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

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: 488 N. Pacific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 3 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Sept 18 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>3</u>	<u>4</u>	hr. min.

9. Birthplace Neenah, Wis
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER

12. Name Henry Smith

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Kathryn Bugas

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 12-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neenah, Wis.

18. (a) Signature of funeral director J. G. Hawes

(b) Address Cape Girardeau, Mo.

19. (a) 12-26-44 (b) H. P. Phelps
(Date received local registrar) (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. 488 North Pacific
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from January 1st, 1944, to Dec. 21st, 1944, that I last saw her alive on Dec. 20th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Arteriosclerosis

Due to age

Other conditions 97
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations —

Of autopsy —

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 —

23. Signature H. P. Phelps (M. D. —)

Address Cape Girardeau, Mo. Date signed 12/22/44

1014

RECEIVED

District Health Officer No. 4

District File Number 145-74

Date Filed 1-8-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Osage Springs

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.