

FILED FEB 29 1945

Registration District No. ....

Primary Registration District No. 3010

Registrar's No. 29

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:  
1418 North Spanish Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 24 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida R. 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 Married

6. (b) Name of husband or wife Louis Smith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 19th 1877 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Oak Ridge Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name George C. Penney  
13. Birthplace Oak Ridge Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Julia Johnson  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Louis Smith

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 1-27-1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 1-30-48 (b) F. W. Phelps (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau / 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1418 North Spanish Street / 1  
(If rural, give location)  
(e) Citizen of foreign country? No / 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th year 1945 hour 6 minute 05 P. A. M.

21. I hereby certify that I attended the deceased from April 23, 1938 to Jan 24, 1945; that I last saw her alive on Jan 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis, Chronic bronchitis, Cystitis

Due to: 830  
Other conditions: cerebral anoxia

Major findings: Of operations: no operation  
Of autopsy: no autopsy

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? (c) Means of injury

23. Signature: P. G. Ritter, M.D. (M. D. or other) Address: Cape Girardeau Mo Date signed 1-27-45

Duration

15 yrs  
2 yrs  
1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

245-231  
Date of Dec. 2-7-45

**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.....

..... Lee Townes ....., Registered Apprentice No. 376 .....,  
working under my personal supervision.

Signed..... *H. J. Hamer* .....

Licensed Embalmer No. 2863 .....

P. O. Address..... Cape Girardeau, Missouri .....

**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.**