

STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1946

Registration District No. 52

Primary Registration District No. 5181

State File No.

12494

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Daisy Rural (App. 1 mi. N. W. of town)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South part of town!  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community entire life years, months or days the

3. (a) PRINT FULL NAME

W. J. SMITH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Annie Smith 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Feb 25 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name George Smith  
13. Birthplace Year Daisy Mo (City, town, or county) (State or foreign country)  
14. Maiden name Susan Walker  
15. Birthplace Year Daisy Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. J. Smith  
(b) Address Daisy, Mo.

17. (a) Burial (b) Date thereof 4-2-1946 (Month) (Day) (Year)  
(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director J. G. G. G.  
(b) Address \_\_\_\_\_

19. (a) 4-2-46 (b) D. G. Suber (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau  
(c) City or town Rural App. 1 mi. N. W. of town (If outside city or town limits, write "RURAL")  
(d) Street No. near Daisy Mo. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 2 minute A. M.

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.

Immediate cause of death Coronary Occlusion  
Due to Arterio-Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 940

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) Means of injury 3

23. Signature Dr. J. F. Long name Coroner (M.D. or other)  
Address Jackson, Mo Date signed 4/2/46

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

MOTHER FATHER

43

RECEIVED

District Health Officer No. 4  
District File Number 546-2136  
Date Filed 5-13-46

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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 G. E. Graham  
Licensed Embalmer No. 4010  
P. O. Address Luterville 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.