

**FILED JUN 10 1948** STANDARD CERTIFICATE OF DEATH

State File No. **15975**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **164**

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: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

(c) City or town Sereens  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Sadie Edith Smith

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9  
year 46 hour 12 minute 50 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lawrence H. Smith

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 15, 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-5 1946 to 5-9 1946  
that I last saw him alive on 5-9 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 11 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Diabetes Mellitus

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

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy (1)

10. Usual occupation Housewife

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Joseph V. Mattingly

13. Birthplace Perry County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary L. Mosner

15. Birthplace Perry County Mo.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Neal Stortz

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 5-12-1946  
(Burial, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Ben General Home

(b) Address Perryville, Mo.

19. (a) 5-15-1946 (b) J. C. Summers  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. C. Summers (M.D. or other) MD  
Address Cape Girardeau Date signed 5/14/46

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

RECEIVED

State Health Officer No. 4

File Number 642-2180

Date Filed 6-6-46

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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.