V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26491

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 277

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: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 1243 Perry Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Alice Caseble
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 14 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Smithland Ky (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business None
FATHER
12. Name James Block
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Mitchell
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harry Halzauser
(b) Address Cape Girardeau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro Ill
18. (a) Signature of funeral director Joe G. Hamill
(b) Address Cape Girardeau
19. (a) 8-21-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th year 1946 hour 1 minute 20 A.M.
21. I hereby certify that I attended the deceased from Aug 11th 1946, to Aug 14 1946 that I last saw her alive on Aug 11th 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 hrs
Due to myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 E	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Wiegast (M. D. or other)
Address Cape Girardeau Mo Date signed 8/13/46

(Licensed Embalmer's Statement on Reverse Side)

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

25337

District Health Officer No. 4
District File Number 846-257
Date Filed 8-26-46

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.