S. No. 2
—12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 229767

FILED OCT 15 1946

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 339

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: 802 NORTH SPANISH (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott 100
(c) City or town Chaffee Mo (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME CHARLOTTE S. CARTER RAYBOURN
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 DIVORCED
6. (b) Name of husband or wife Frank Raybourn
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased DEC. 7 1876 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 15 If less than one day hr. min.

9. Birthplace CARDIN KY. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Andy Carter
13. Birthplace DIFFICULT TENN (City, town, or county) (State or foreign country)
14. Maiden name MARGARET NIGHT
15. Birthplace DIFFICULT TENN (City, town, or county) (State or foreign country)
16. (a) Informant Ciscero White
(b) Address Chaffee Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept. 24 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Chaffee Mo. - U. F. Cem.
18. (a) Signature of funeral director Omstuth
(b) Address Chaffee Missouri
19. (a) 10-10-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 2 minute 18 A.M.
21. I hereby certify that I attended the deceased from Sept 21 1946, to Sept 22 1946 and that I last saw her alive on Sept 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	14 Hrs
Due to Hypertension	
Due to arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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
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 Edward D Campbell (M.D. or other)
Address 627 Good Hope Cape Girardeau Date signed 9/27/46

44 (Licensed Embalmer's Statement on Reverse Side)

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

28603

[illegible] No. 4
[illegible] File Number 1046-2235
Date Filed 10-14-46

NOV 20 1946

OCT 30 194[illegible]

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 C. J. Forberg

Licensed Embalmer No. 3810

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.