

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 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard **103**
 (c) City or town Dexter **3**
(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 Elizabeth Ann Minton

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 Single

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

7. Birth date of deceased Dec. 3, 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	10	hr. _____ min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Bert Minton

13. Birthplace Dexter, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Dean Miles

15. Birthplace Essex, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Minton

(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof 12-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (c) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 12-19-1946 (b) G. B. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
 year 1946 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from Dec 3-1946
~~Dec 13-1946~~ Dec 13, 1946
 that I last saw her alive on Dec 13, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 13 days

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of 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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature Dr. Cochran (M. D. cert)

Address Cape Girardeau Mo. Date signed 12/17/46

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

F4

RECEIVED

District Health Officer No. 4

District File Number 1246-301

Date Filed 12-23-

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.

Body not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.