. S. No. 2
0M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8173

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 82

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 Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)
In this community 29 days

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

3. (a) PRINT FULL NAME Ruth M Smoot Graham
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 Married
6. (b) Name of husband or wife Russell Graham
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Jan 11 1899 (Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Acton, Ind (City, town, or county) 1 (State or foreign country)
10. Usual occupation Graduate Nurse
11. Industry or business
12. FATHER Name Alfred I Smoot
13. FATHER Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
14. MOTHER Maiden name Don't Know
15. MOTHER Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Russell Graham
(b) Address Fornfelt Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Acton, Ind.
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Illmo, Mo
19. (a) 3-18-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17 year 1947 hour 10 30 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 1, 1947, to Mar. 17, 1947, that I last saw her alive on Mar. 17, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sarcoma - Generalized Abdominal	1 Mo.
Due to: Sarcoma - Body of Uterus	1 Mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 48B	

Major findings: Of operations: Sarcoma Metastasis to entire abdominal contents
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
(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 Frank Hall, M.D. (M. D. or other)
Address Cape Girardeau, Mo Date signed 3-18-47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 347-396

Date Filed 3-24-42

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 Oliver C Amick, Registered Apprentice No. 455, working under my personal supervision.

Signed Mamie Bieplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.