

Registration District No. 333

Primary Registration District No. 3074

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Kindall Rear 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Hattie Mae Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored (a) Single, widowed, married, divorced married

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

7. Birth date of deceased August 12 1916
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House Wife

12. Name Jessie McKentock

13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Jessie McKentock

15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Smith

(b) Address 415 Kindall St Sikeston

(c) Place: burial or cremation Sunset Cemetery

17. (a) Rear - Mo. (b) Date thereof 6-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Signature of funeral director Fred Smith

(b) Address 1212 Mand St Sikeston, Mo

19. (a) 6-5-47 (b) Mrs J.F. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 1
year 47 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feb
17, 1947, to June 1, 1947;
that I last saw her alive on " ", 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, hypertensive
Duration 6 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy, within 3 months of death) _____

Major findings: Of operations _____

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 A.D. Mathis (M. D. or other) MD

Address Sikeston, Mo Date signed 6-5-47

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

2-510

FEB 4 1948

RECEIVED

District Health Office No 2,

District File Number 647-824

Date Filed 6-9-47

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address 1212 Mandst Sikesto

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.