

FILED SEP 4 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 2154

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:  
1033 No. Lorimier St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 1033 No. Lorimier  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Yancy Crader

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th  
year 1947 hour 12 minute 20 A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Marsh Crader

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

7. Birth date of deceased October 19th 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 5 1947 to August 5 1947  
that I last saw him alive on August 5 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days 19  
If less than one day hr. min.

Immediate cause of death Arteriosclerotic Heart Disease

Due to.....

Due to.....

9. Birthplace Marble Hill Missouri  
(City, town, or county) (State or foreign country)

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

Major findings: Of operations.....

Of autopsy No autopsy

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER {

12. Name Solomon Shanks

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

14. Maiden name Louisa Stevens

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Crader

(b) Address Cape Girardeau, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof 8-09-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?.....

(c) Place: burial or cremation McGuire Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

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

23. Signature C.G. Summer (M. D. or other)  
Address 709 S. Broadway Date signed 8-12-47

19. (a) 8-26-1947 (b) C.G. Summer  
(Date received local registrar) (Registrar's signature)

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

16  
4

RECEIVED

Health Officer No. 4  
File Number 947-112  
Date Filed 9-2-47

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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 William Lee Townes  
Licensed Embalmer No. 4410  
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.