—1/47
5-17-39

National Office of Vital Statistics

FILED FEB 17 1948

Registration District No. 33

STANDARD CERTIFICATE OF DEATH

State File No. 4172

Primary Registration District No. 3010

Registrar's No. 49

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape 16
(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")
(d) Street No. 818 N. Fountain 4
(If rural, give location)
(e) Citizen of foreign country? ~~(Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME Cora Mae Grosclose
3. (b) If veteran, name war —
3. (c) Social Security No. 491-30-0679
4. Sex Female
5. Color or race w
6. (a) ~~Single, widowed,~~ married, ~~divorced~~ 1
6. (b) Name of husband or wife James Otis
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June (Month) 5 (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Daisy (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry of business Garment Factory
FATHER
12. Name Francis Seabaugh
13. Birthplace Daisy (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mary Jane Bowles
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant James Otis Grosclose
(b) Address Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Jay G. Howell
(b) Address Cape Girardeau Mo.
19. (a) 2-11-48 (Date received local registrar) (b) 6.6. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th year 1948 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Jan 28, 1948, 19..., to Feb 4, 1948; that I last saw her alive on Feb 4th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ruptured Duodenal	
Due to Ulcer	
Due to Ulcer 123	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ruptured Ulcer
Of autopsy Same.

PHYSICIAN
Underline the cause of 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 0
23. Signature [signature] (M. D. or other)
Address Cape Girardeau Mo Date signed 2/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 248-221

Date Filed 2-16-48

FEB 19 1948

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cap Guardian Ne

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.