S. No. 2
M—1/47
5-17-39

6
3
0

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8094

State File No. .....

FILED APR 8 1948

Registration District No. 52

Primary Registration District No. 6296

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Kinder Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Eight mile North, whitewater Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Eight mile North whitewater
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MARY JANE SMITH
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 L. G. Smith
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Mar. 15, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	—	11	..... hr. ..... min.

9. Birthplace Patton Mo. U (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name William Bollinger
13. Birthplace Patton Mo U (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Hartle
15. Birthplace Patton Mo U (City, town, or county) (State or foreign country)
16. (a) Informant Clarence L. Cutler
(b) Address Oak Ridge Mo
17. (a) Mar 28, 48 (Burial, cremation, or removal) (b) Date thereof Burial (Month) (Day) (Year)
(c) Place: burial or cremation Sedgewickville Cemetery
18. (a) Signature of funeral director R. G. Miller
(b) Address Jackson
19. (a) 3-31-48 (Date received local registrar) (b) D. G. Sutton (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1948 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1938 to March 26 1948 that I last saw her alive on March 20 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Uterus	6 mo
Due to Dont Know	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations Carcinoma Uterus
Of autopsy none 48 B

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 D. I. L. Sebastian (M. D. ~~or other~~)
Address Jackson Mo Date signed 3-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-450

Date Filed 4-7-48

APR 14 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 Gene C Cracroft

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.