

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15629
Registrar's No. 182

Registration District No. 53 Primary Registration District No. 3010

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Perry 79
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. 234 W. St. Joe, 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Rosa Lee Semons
3. (b) If veteran, name war
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 - 6 - 48
Year 1948 hour 3 minute 40 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Remben Semons
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 24, 1862
(Month) (Day) (Year)

I hereby certify that I attended the deceased from 6-1-48 to 6-6-48
that I last saw her alive on 6-9-48 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 7 Days 15 If less than one day hr. min.

Immediate cause of death Coronel Hemorrhage
Due to
Due to

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name Mark M. Atee
13. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Atee
15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

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?

16. (a) Informant G. L. Zoeller
(b) Address Perryville Mo.
17. (a) Burial (b) Date thereof 6-9-1948
(Burial, cremation, or otherwise) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Berg Funeral Home
(b) Address Perryville Mo.
19. (a) 6-10-48 (b) J. C. Ganssinger
(Date received local registrar) (Registrar's signature)

23. Signature of A. L. D. Smith (M. D. or other)
Address Cape Girardeau Date signed 6/9/48
While at work? (Specify type of place) (e) Means of injury

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

6
11
4

RECEIVED

District Health Officer No. 4
File Number 648-744
Date Filed 6-14-48

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 Albert Bey
Licensed Embalmer No. 386
P. O. Address Gerrysville, 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.