

AUG 14 1940
Registration District No. 121

Primary Registration District No. 3009

Registrar's No. 234

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

1. PLACE OF DEATH:

(a) County Cape
(b) City or town Cape Girardeau, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Molisa Smithson 532

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 widowed

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

7. Birth date of deceased May 19, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 19 hr. min.

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

10. Usual occupation Retired Hwsork 7

MOTHER FATHER

12. Name Roy OGuin 9

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annabelle Whitacker
(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof July 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 7-5-40 (b) J. M. Thompson
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape
(c) City or town Cape Girardeau, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 828 N. Spanish St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6-15-40 to 7-8-40, 1940
that I last saw RR alive on 7-7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditic Ch
Due to
Nephritic Ch
Due to
Other conditions
(Include pregnancy within 3 months of death) 121

PHYSICIAN
Major findings:
Of operations NONE
Of autopsy NONE
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? 121
(Specify type of injury) _____
While at work? _____ (e) Means of injury _____

23. Signature A. Smith (M. D. or other) MD
Address Cape Girardeau 7/10/40
Signed _____

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.....

Howard L. Haman

Licensed Embalmer No.....

4122

P. O. Address.....

Cape Girardeau

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, above space should be left blank.