

Registration District No. **3**

Primary Registration District No. **4553**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Sikeston**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Sikeston**
(If outside city or town limits, write "RURAL")
(d) Street No. **310 Maud ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Minnie Bell Smith**

20. DATE OF DEATH: Month **Aug.** day **22**
year **1941** hour **10** minute **40 A.M.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

21. I hereby certify that I attended the deceased from **10-30** 19**40** to **8-10** 19**41**
that I last saw h. **w** alive on **8-10** 19**41**
and that death occurred on the date and hour stated above.

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

Immediate cause of death
Carcinoma of the Uterus

7. Birth date of deceased **August 20 1884**
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years **57** Months **0** Days **2** If less than one day
hr. min.

Other conditions (Include pregnancy within 3 months of death)
Metastatic Carcinoma

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

Major findings: **of bladder + prostate**
Of operations _____
Of autopsy _____

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frank Vaught**

13. Birthplace **Unknown** (State or foreign country)

14. Maiden name **Josephine Riddle** (State or foreign country)

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Louise Riddle**

(b) Address **Sikeston, Mo.**

17. (a) **Burial** (b) Date thereof **8-24-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **J. W. H. H. H.**

(b) Address **Sikeston, Mo.**

19. (a) **9-3-41** (b) **J. W. H. H. H.**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Thomas E. McClure, M.D.**
Address **Sikeston, Mo.** Date signed **8-25-41**

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

100
2

100
5
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 941-1236

Date Filed 9/8/41

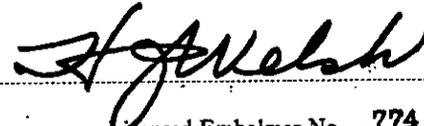
STATEMENT BY LICENSED EMBALMER

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.....



..... Licensed Embalmer No. 774

..... P. O. Address Sikeston, 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.