

JUL 9 1945
Registration District No. 3

Primary Registration District No. 3010

Registrar's No. 161

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 Hosp. 0
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED: (Mother's)

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 250 S. Benton 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Carolyn Ann Scheetz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1945 hour 5 minute 24 A. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased May 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-3-1945 to 5-4-1945

that I last saw her alive on 5-3-1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 0 0 8 hr. _____ min.

Immediate cause of death: Premature Newborn Ltr Mo

Duration _____

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Herbert Daniel Scheetz

13. Birthplace Chaltee Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Katherine Thornton

15. Birthplace Portageville Mo.
(City, town, or county) (State or foreign country)

Major findings: 159

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dorothy Scheetz

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 5-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magnolia Park

18. (a) Signature of funeral director Joe L. Howell

(b) Address Cape Girardeau, Mo.

19. (a) 5-5-45 (b) F. McPherson
(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 Dr. E. L. ... (M. D. or other) _____

Address Cape Girardeau, Mo. Date signed 5-5-45

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

16
1
4

RECEIVED

District Health Officer No. 4

District File Number 745-801

Date Filed 7-6-45

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 Ch. H. Estes

Licensed Embalmer No. 2568

P. O. Address Box 111 no

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.