

S. No. 2
M-8-43
7-5-17-39
I X37823

FILED MAY 3 8 1946
Registration District No. **3010** Primary Registration District No. **3010** Registrar's No. **145**

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

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.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 620 No. Spanish Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Baby of Mr. & Mrs. George Sweet
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15th
year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 15, 1946, to April 15, 1946
that I last saw him alive on April 15, 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
Premature Birth
Due to.....
Due to.....

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	hr. <u>20</u> min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business.....

MOTHER FATHER
12. Name George M. Sweet
13. Birthplace East Prairie Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Hadley
15. Birthplace Commerce Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George M. Sweet
(b) Address Cape Girardeau Missouri
17. (a) Burial (b) Date thereof 4-16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

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.....

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau Missouri
19. (a) 4-30-1946 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address 131 N. 2nd St., Cape Girardeau, Mo. Date signed.....

RECEIVED

Health Officer No. 4
File Number 546-2082
Filed 5-7-46

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.....

P. O. Address.....

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.