

FILED APR 15 1947

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 114

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 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 16 years
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. 1001 South Sprigg Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Ranson Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. 265-14-0362

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Susie Wount 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 25th 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired owner of Former

11. Industry or business Cape Oil Co.

MOTHER FATHER { 12. Name Sack Smith
13. Birthplace Patton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Doggett
15. Birthplace Bellingor Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Smith
(b) Address Cape Girardeau, Missouri
17. (a) Burial (b) Date thereof 4-04-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haran
(b) Address Cape Girardeau, Missouri
19. (a) 4-7-1947 (b) G.G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1947 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 1947 to 2 April 1947
that I first saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary thrombosis Duration 15m
Due to Coronary artery disease 3 mos.

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.

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 Wesley V. Ashley, M.D. (M. D. or other) M.D.
Address Cape Girardeau, Mo. Date signed 3 April 1947

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

16
4

4x

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Health Officer No. 4
District File Number 447-521
Date Filed 4-14-47

NOV 26 1957

MAY 28 1957
BIA

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 *William Lee Townes*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau, 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.