

S. No. 2  
M-543  
7. 5-17-39  
I X38871

FILED MAY 21 1947

Registration District No. 53

Primary Registration District No. 3010

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:  
Smelterville, South Cape Girardeau  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 10 months

3. (a) PRINT FULL NAME Isabel Cade

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

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown 1899  
(Month) (Day) (Year)

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

48	---	---	hr. min.
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9. Birthplace Starling, Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Peter Foster

13. Birthplace Cairo, Ill (State or foreign country)

14. Maiden name Willa Foster

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

16. (a) Informant Mrs. Daussie Tucker

(b) Address Cape Girardeau, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 12, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Slidel, Louisiana

18. (a) Signature of funeral director F. D. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 5-12-1947 (Date received local registrar) (b) G. C. Summer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Louisiana (b) County Unknown

(c) City or town Slidel (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1947 hour 5:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 9 - 47 to May 9 1947, to \_\_\_\_\_, 19\_\_\_\_; that I last saw her alive on May 9 1947, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Coronary sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. H. Westcott (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 5-11-47

Duration

1 year

2 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 547-202  
Date Filed 5-19-47

JUN 3 1947

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Capo Guadalupe, Mich

**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.**