

12-45
17-39
X47070

FILED DEC 26 1947

Registration District No. **32** Primary Registration District No. **3009**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Hope Street
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Grace Pauline Sides

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 Divorced

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

7. Birth date of deceased: January 23, 1916
(Month) (Day) (Year)

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

31	10	23	_____ hr. _____ min.
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9. Birthplace: Allenville, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Colby Sides

13. Birthplace Allenville, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Flora Pettit

15. Birthplace Allenville, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Sides

(b) Address Hope St. Jackson, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

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

(b) Address Cape Girardeau, Mo.

19. (a) 12-19-47 (Date received local registrar) (b) D. S. Hubbs (Registrar's signature) 11-2

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. 1106 N. Frederick
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1947 hour 7: minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 13, 1947 to Dec 1, 1947
that I last saw her alive on Dec 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic Heart Disease
Heart insufficiency

Due to _____

Due to _____

Other conditions: Syphilis latent
(Include pregnancy within 6 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: _____

Of autopsy: 30

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 Edward D Campbell MD M. D. or other _____
Address Cape Girardeau Date signed 12-17-47

RECEIVED 31 JAN 1948

District Health Officer No. 4

District File Number 1247-1605

Date Filed 12-24-47

JAN 16 1948

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

David E. Hayes

Registered Apprentice No. 58

working under my personal supervision

Signed Frank Sparks

Licensed Embalmer No. 3855

P. O. Address Capitan

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.