

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

32754  
 Do not use this space.

REC'D OCT 25 1938

**1. PLACE OF DEATH**

(a) County Marion Registration District No. 547  
 (b) Township Mason Primary Registration District No. 3019 Registered No. 253  
 (c) City Hannibal (d) Street No. 1918<sup>a</sup> MARKET St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Iva M. Smith

(a) Residence, No. 1918<sup>a</sup> MARKET St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1938, to Sept 27, 1938  
 I last saw him alive on Sept 27, 1938 Death is said to have occurred on the date stated above, at 6:15 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1889

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
49 4 28

Cancer of The Breasts Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Carcinoma of Cervix  
& uterus  
 Other contributory causes of importance:  
post uterine pelvic abscess  
rest of cancer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? \_\_\_\_\_

FATHER 13. NAME Robert McNamara

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

MOTHER 15. MAIDEN NAME Lucy J. Searey

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

(Signed) Blair, M. D.  
 (Address) 2005 Market St

17. INFORMANT Mr. John McNamara  
 (ADDRESS) 1918<sup>a</sup> Market St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Olive Sem. DATE Sept 29 1938

19. FUNERAL DIRECTOR James O'Donnell  
 (ADDRESS) Hannibal Mo.

20. FILED Sept 27 1938 H. C. Fisher  
 Local Registrar.

Every item of information should be carefully supplied. No space to be saved. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer 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.)**