N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1938

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

35044
Do not use this space.

1. PLACE OF DEATH

(a) County Benton — Registration District No. 60

(b) Township ~~West~~ White — Primary Registration District No. 5093 — Registered No. 20

(c) City ..... (d) Street No. ..... 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.

530

2. PRINT FULL NAME Mrs. Mabel Nickle Smith

(a) Residence, No. ..... 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fe	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward O. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Maker

9. Industry or business in which work was done, as saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County, Mo / Missouri

FATHER

13. NAME William Nickle 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9 / unknown 1

MOTHER

15. MAIDEN NAME Sarah Wooley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown / Indiana

17. INFORMANT (ADDRESS) Mrs. Lura Christian / Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ionia, Missouri DATE Oct 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Huston-Turner / Windsor, Missouri

20. FILED Oct. 24 1938 Mrs. Amy K. Rhodes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1938 to Oct 20 1938
I last saw her alive on Oct 20 1938 Death is said to have occurred on the date stated above, at 7:30 a m
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 10-20-38

Other contributory causes of importance: 94 B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. J. Jennings, M. D.
(Address) Windsor Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-38-3
Date Filed 11-7-38

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, Ellis M. Huston, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Winlock, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.