

DEC 17 1939

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

42891  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Wallas 2(b) Township St. Benton 1(c) City BuffaloRegistration District No. 341Primary Registration District No. 5334Registered No. 1202

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 530 Marvies Smith St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sell Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-18847. AGE YEARS 84 MONTHS 2 DAYS 20 If LESS than 1 day, .....hrs. or .....min.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homekeeper

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) Richardson Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "15. MAIDEN NAME " "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "17. INFORMANT (ADDRESS) Mrs. Alma Evans  
Buffalo Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 11-20 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) F. B. Jones  
Buffalo Mo.20. FILED 37 1939 Harry Moran Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 193822. I HEREBY CERTIFY, That I attended deceased from October 5, 1938, to November 27, 1938  
I last saw her alive on 11-27, 1938. Death is said to have occurred on the date stated above, at 1:30 P. m.  
The principal cause of death and related causes of importance were as follows:Hypostatic Pneumonia following  
broken leg (Right) Date of onset 11-26-38

Other contributory causes of importance:

Renal insufficiency  
Severe S. CystitisName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinal test Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 10-5, 1938  
Where did injury occur? Buffalo, Missouri  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. In Home  
Manner of injury Slipped on extension  
Nature of injury Broken neck of femur right leg24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) E. L. Williams M. D.  
(Address) Buffalo, Missouri

RECEIVED  
District Health Officer No. 71  
District File Number 7-39-15-7  
Date Filed 1-16-39

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**