

REC'D FEB 9 1939

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

3330

Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 626
(b) Township Independence Primary Registration District No. 5828 Registered No. _____
(c) City Parnell (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

530 Eva S. 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry M. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Montgomery County La.

FATHER 13. NAME Wm. Henry Melton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Paul Smith Parnell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Overburg DATE Jan 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville, Mo.

20. FILED Jan 8, 1939 Wallace Kennedy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938 to Jan 15, 1939
I last saw him... alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of the Brain causing Paralysis of L.V. Date of onset Nov 27, 1938

Other contributory causes of importance:

High Blood pressure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Egbert Crowson, M. D.

557 (Address) Parnell, Mo

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,

John W. Price

or by

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

Signed

John W. Price

Licensed Embalmer No. 3229

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.