

Dr. ~~Leos~~ ~~Smith~~ 1939

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

6303

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 55  
(c) City Jefferson (d) Street No. 630 Clark Avenue 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 Mrs. Lola Smith

(a) Residence, No. 630 Clark Avenue 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.P. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-10-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 9 18

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) Lynchburg, Va13. NAME Hite Parr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va15. MAIDEN NAME Sue Hinkenbotham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va17. INFORMANT (ADDRESS) Mrs. Walter Weigand  
Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Mar-3-- 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Weigand  
Jefferson City, Mo20. FILED 3/2/39 1939 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 193922. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1939 to Feb. 28 1939I last saw her alive on Feb. 28 1939 Death is said to have occurred on the date stated above, at 6:30 P m.

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

Cerebral Hemorrhage Date of onset 2-28-39

Other contributory causes of importance:

hypertension & Chr. Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. 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) Julian A. Osmond, M.D.(Address) Jefferson City 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, or by.....

*Leod P. Dulle*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Leod P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City*

**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.**