

REC'D APR 19 1939

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

10989  
Do not use this space.

1. PLACE OF DEATH 2
- (a) County Howard, Registration District No. 878
- (b) Township Fayette, Primary Registration District No. 4222
- (c) City Fayette, (d) Street No. \_\_\_\_\_ St.
- (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 5:30 Mrs Lottie Odell 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elliott Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/3rd 1890
- |           |       |          |          |  |
|-----------|-------|----------|----------|--|
| 7. AGE    | YEARS | MONTHS   | DAYS     | IF LESS than 1 day, .....hrs. or .....min. |
| <u>48</u> |       | <u>8</u> | <u>1</u> |  |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Missouri,  
(STATE OR COUNTRY)

13. NAME Charles Shields,

14. BIRTHPLACE (CITY OR TOWN) Missouri,  
(STATE OR COUNTRY)

15. MAIDEN NAME Effie Stemmons,

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

17. INFORMANT Mrs Effie Wisely,  
(ADDRESS) Fayette,

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary, DATE 3/6th 1939,

19. FUNERAL DIRECTOR (NAME) Guy T. Halley,  
(ADDRESS) Fayette, Mo.

20. FILED Apr 6 1939, V. C. Bonham  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3.4th 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1938, to Mar 4 1939

I last saw her alive on March 2 1939. Death is said to have occurred on the date stated above, at 7 P. m.

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

Carcinoma of  
Pyelitis  
45

Date of onset unknown

Other contributory causes of importance:  
A Carcinoma of  
Cervix Uteri, primary

Name of operation Hysterectomy Date of 2-1-39

What test confirmed diagnosis? Feb. 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) J. D. Richards, M. D.

(Address) Fayette, Mo.

DATE FILED 11/17/39  
FILE NUMBER  
OFFICE OF HEALTH OFFICER NO. 8

RECEIVED

**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.**