REC'D MAY 18 1939

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

14599
Do not use this space.

1. PLACE OF DEATH
(a) County Clay — Registration District No. 148
(b) Township Fishing river — Primary Registration District No. 3011 — Registered No. 48
(c) City Excelsior Springs — (d) Street No. Excelsior Hosp. 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 540 Joann Smiley
(a) Residence, No. 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 13-1939
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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): Excelsior Springs Mo

FATHER
13. NAME: Walter Smiley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mead Kansas

MOTHER
15. MAIDEN NAME: Johanna C. Eichhorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasant Green Mo

17. INFORMANT (ADDRESS)
18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Pelch Grove Mo, DATE 4/14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Claude Richard, Excelsior Springs Mo.
20. FILED Apr. 14, 1939 Lorena McCracken, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1939, to April 13, 1939
I last saw her alive on April 13, 1939. Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta previa - childs death was within 15 minutes	

Other contributory causes of importance: —

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) David E. Musgrave, M. D.
(Address) 110 South St. Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number 5/3/39
Date Filed

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 comp with the above constitutes grounds for revocation of license.)

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