

1939 JUN 15 1939

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

18842  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 398  
 (b) Township Blue Primary Registration District No. 5554  
 (c) City HC (d) Street No. 1628 Alice 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 Marnie Smith  
 (a) Residence, No. 1628 Alice St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>40</u>	<u>5</u>	<u>X 1</u>	

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. Housewife

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) Pleasant, Mo

FATHER

13. NAME Wm. J. Coy

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

MOTHER

15. MAIDEN NAME Amanda Harris

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

17. INFORMANT (ADDRESS) Edward Smith H.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Jamespat Mo. DATE 5-16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Jigerman & Sons 2738 Prospect K.C. Mo.

20. FILED 5-18-39 F.L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939 to May 13, 1939  
 I last saw her alive on May 7, 1939. Death is said to have occurred on the date stated above, at 1 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of esophagus Date of onset 46

Other contributory causes of importance:  
Pneumonia & lower lobe

Name of operation gastrostomy Date of Mar 1, 1939  
 What test confirmed diagnosis? Clinical 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) Delos G. Williams, M. D.  
 (Address) 806 Prof Bldg

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.

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**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.**