

SEP 12 1939

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

29172  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318  
(b) Township 1 Primary Registration District No. 2001 Registered No. 655  
(c) City SPRINGFIELD (d) Street No. 1201 E. Turner 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5301 ROSA MAGDELINE SMITH  
(a) Residence, No. 1201 E. Turner 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 William D. Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 9 14  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
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) Greene Co. Mo.

FATHER 13. NAME Harrison Sewell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MARRIED NAME Martha Estelle Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Oliver Smith  
913 W. Florida

18. BURIAL, CREMATION, OR REMOVAL PLACE Broadline, Mo. DATE Aug. 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thieme  
Springfield, Mo.

20. FILED Aug 25 19 39 Chas. A. George, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-12-, 1938, to 8-23-, 1939  
I last saw h. c. alive on 8-19-, 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:

Chronic myocarditis and myocardial degeneration.

Date of onset

Unknown

Other contributory causes of importance: 93C

Chr. Colitis

Unknown

Name of operation None Date of None  
What test confirmed diagnosis? Micro. 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 Ret. Col. Estab. M.D.  
Chas. A. George, M.D.  
Springfield, Mo.  
(Signed) (Address)

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.

MAR 18 1943

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 Ray

Mr., Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Robert L. Williams

Licensed Embalmer No. 3681

P. O. Address Sp. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Greene } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 655

On this 10 day of March, 1943, before me appears.....

Elmer L. Smith, who, upon his oath, states that the original record of ~~SMK~~ death  
for Rosa Magdeline Smith <sup>died</sup> Aug. 23, 1939 in the State of  
~~both~~ Missouri, and which was filed at Springfield, Mo. on 8-25-39, 19....., should be corrected as follows:

Item No. 15 should read Martha E. Griffith

Instead of Edith Griffith

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Elmer L. Smith Grandson  
Relationship.

1118 S. Florence, Springfield, Mo.  
Present Address.

Subscribed and sworn to before me this 10 day of March, 1943.

My Commission expires July 5, 1943 Paul V. Fenigan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

no present

484.3-17-43

S-29172

