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

31869
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) or City St. Joseph
(d) Street No. 5703 South 3rd St. 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 2
Primary Registration District No.
Registered No. 909

2. PRINT FULL NAME Laura Virginia Smith
(a) Residence, No. 5703 South 3rd. St. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. B. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28, 1874

7. AGE: YEARS 65 | MONTHS 2 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

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.: own home
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): Morristown Tenn.

FATHER
13. NAME: John Ivy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morristown Tenn.

MOTHER
15. MAIDEN NAME: Manda Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morristown Tenn.

17. INFORMANT (ADDRESS): Wilbur Smith 5703 South 3rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tarkio, Missouri DATE: Sept. 5, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Clark Mortuary 5025 King Hill Ave. St. Joseph, Mo.

20. FILED 9/5 1939 H J Mestlehush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 4, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1939, to Sept 3, 1939
I last saw her alive on Sept 3, 1939. Death is said to have occurred on the date stated above, at 12:20a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset 9-3-39

826

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) Dr [illegible] D.O.
(Address) 873 Farrow St. City

(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.

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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, ~~on~~ Sept. 4, 19

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

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

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.