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

NOV 18 1939

35403
Do not use this space.

1. PLACE OF DEATH
(a) County Barry 2 Registration District No. 29
(b) Township Mountain 1 Primary Registration District No. 5049 Registered No. 33
(c) ~~City~~ Rural 1 (d) Street No. ..... 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.

5 560

2. PRINT FULL NAME Sarah Margaret Smith
(a) Residence, No. Cape Fair, Mo. RFD 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1858

7. AGE: Years 80 | Months 10 | Days 11 | 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.
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) Green County Tenn. 1

FATHER
13. NAME John Stills 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER
15. MAIDEN NAME Ollie Wright 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Kenny N. Smith Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carney cemetary DATE Oct. 11, 1939

19. FUNERAL DIRECTOR (NAME) Horine-Culver
(ADDRESS) Cassville, Mo.

20. FILED 10-13, 1939 Geo. Neumann
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1939, to Oct. 8, 1939
I last saw her alive on Oct 8, 1939 Death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Myocarditis	
Other contributory causes of importance:	
Gastric Ulcer	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) C. A. McDaniel, M.D.
(Address) Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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, J. E. Culver, or by J. C. Canada,

Registered Apprentice No. 225, working under my personal supervision.

Signed J. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, Mo

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.