

JAN 15 1940

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

43132  
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 207  
 (b) Township 1 Primary Registration District No. 4125 Registered No. 27-34  
 (c) City Plattsburg (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

5307 FANNIE SMITH  
 (a) Residence, No. \_\_\_\_\_ St.  Kansas City, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ossie Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 1894</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>6</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife.</u>	
	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) <u>Plattsburg Mo. O</u>		
FATHER	13. NAME <u>Ben Young O</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri O</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Coleman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Sarah T. Lohert Plattsburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattsburg Mo</u> DATE <u>Dec 29 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>O'Brien - Lyon Plattsburg Mo.</u>		
20. FILED <u>Dec 29 1939</u> <u>Geneva Chastain</u> Local Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec-11 1939 to Dec-18 1939  
 I last saw him alive on Dec-20 1939 Death is said to have occurred on the date stated above, at 6 a. m.  
 The principal cause of death and related causes of importance were as follows:

Tertiary Syphilis

Date of onset not known

Other contributory causes of importance: 34

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) P. W. Lockman, M. D.  
 (Address) Plattsburg Mo.

RECEIVED

District Health Officer No. 11;

District File Number 40-1924

Date Filed JAN 12 1940

**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

*Danell D. Lyon*

Licensed Embalmer No. 3640

P. O. Address

*Plattsburg, N.Y.*

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.