

JAN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43918

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Marceline
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 5 yr

3. (a) PRINT FULL NAME Eliza Judith Smith
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel Smith 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased December 6 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____
MOTHER FATHER { 12. Name Campbell Milstead
18. Birthplace Tatavia Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Narcissus Mann
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm H Smith

(b) Address 71 Madison Iowa

17. (a) Burial (b) Date thereof Dec 10 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olivet

18. (a) Signature of funeral director Jas McLaughlin
(b) Address Marceline Mo

19. (a) 12-12-39 (b) Oliver Barrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. 107 W Booker
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

20. DATE OF DEATH: Month Dec day 8
year 1939 hour 2:00 minute 25 A.M.
21. I hereby certify that I attended the deceased from Oct 29 1939
_____ 19____ to Dec 8 1939;
that I last saw her alive on Dec 8 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Injury by fall; Arteriosclerosis - Senility
Due to _____
Due to Senility
Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 10-30
(c) Where did injury occur? Marceline Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? No (Specify type of place) (e) Means of injury fall

23. Signature L. O. Adamson (M. D. or other) Dr.
Address Marceline, Mo. Date signed 12-13-39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

RECEIVED
District Health Officer No. 11,
District File No. 140-1904
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 *Blanche M. Laughlin*

Licensed Embalmer No. *19091*

P. O. Address *Marceline M.*

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.