

JAN 1 5 1940

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

44309
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township 1 Primary Registration District No. 4403 Registered No. 141
 (c) City Rosedale (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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.

2. PRINT FULL NAME Margaret Ellen Smith
 (a) Residence, No. Rosedale, Route 2 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nestor Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1849
 7. AGE YEARS 90 MONTHS 2 DAYS 23 If LESS than day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Same
 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 _____
 FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadville Pa
 13. NAME Reedie
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Harr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox
 17. INFORMANT (ADDRESS) Joseph Smith
Rosedale Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rosedale DATE Dec. 11 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Lee Dean
Rosedale Mo
 20. FILED Dec 11 1939 Jos. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, 1939 to Dec 9, 1939
 I last saw her alive on Nov 25, 1939. Death is said to have occurred on the date stated above, at 11:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Cardiac Thrombosis
 Date of onset _____
 Other contributory causes of importance: None
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Y
 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) R. E. Bremer, M. D.
 (Address) Newburg Mo

610 (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.

RECEIVED

District Health Officer No. 5.

District File Number. 146 120

Date Filed 11200

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.

~~CHARLES W. MEINERSLAGEN, M. D.~~
~~Special Agent, Bureau of the Census~~
~~SALEM, MISSOURI.~~

Signed S. E. Myers
Licensed Embalmer No. 3294
P. O. Address Rolla, 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.