

FEB 21 1940
Registration District No. 630

Primary Registration District No. 4380

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway 2
(b) City or town Skidmore
(If outside city or town limits, write "RURAL" and name of township)
(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 18 years _____ (Specify whether)
years, months or days) 530

3. (a) PRINT FULL NAME Margaret Clara Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Sterling P. Smith 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased April 8 18.59
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 1 hr. _____ min.

9. Birthplace Greensburg - Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Young 4

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Daily

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sterling P. Smith

(b) Address Skidmore Mo

17. (a) Burial (b) Date thereof Feb. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Marionville Mo 576

19. (a) Feb. 10 - 1940 (b) Dr. J.C. Manning
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Skidmore
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 19 1940 to Feb. 9 1940
that I last saw her alive on Feb. 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy
coma
Due to arterio-sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Manning (M. D. or other) _____
Address Skidmore Mo Date signed 2/10/40

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.