

FILED MAY 13 1940

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14832

State File No. \_\_\_\_\_

Registration District No. 292

Primary Registration District No. 4710

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Franklin  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Franklin  
(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.

3. (a) PRINT FULL NAME Lebara Smith 530

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

4. Sex Female 5. Color of race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 10 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Haven, Conn (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lebara Smith  
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Lebarsten  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Tom Smith  
(b) Address New Haven, Conn

17. (a) Burial (b) Date thereof 4-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Conn

18. (a) Signature of funeral director W. H. Freeman, Son  
(b) Address New Haven, Conn

19. (a) Apr 16-40 (b) Jeffrey Freeman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 24, 1940, to April 14, 1940; that I last saw her alive on April 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 9 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 \_\_\_\_\_

(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 G. W. Held, M.D. (M.D. or other) \_\_\_\_\_  
Address New Haven Date signed 4/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Earl Fertig*

Licensed Embalmer No.....

*3385*

P. O. Address

*Ypsilanti, Mich*

**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.**