MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15862

Registration District No. 733 Primary Registration District No. 4438 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville Mo (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 THENA MILDRED 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 widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 7 (Day) 1862 (Year)

8. AGE: Years 77 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Randolph Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name George M Dameron
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza J. Mayo
15. Birthplace Randolph Co (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mattie Malone

(b) Address Huntsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville Mo

19. (a) May-4-1940 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1940 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from Aug 1, 1939, to April 2, 1940 that I last saw her alive on April 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	8 mos
Due to Adhesions & partial obstruction of colon	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy Adhesions of colon from gall bladder

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. V. Dreyer M.D. (M. D. or other)

Address Huntsville Mo Date signed 4/10/40

(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. 13
District File Number 5-40-997
Date Filed MAY 9 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.