No. 2
1-10-39
-17-39

4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

Registration District No. 908

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6222

State File No. 16431

Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Wright Mt Grove
(b) City or town: Near Norwood, Mo
(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 2 (Specify whether years, months or days)
In this community 530

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Green
(c) City or town: Springfield (If outside city or town limits write "RURAL")
(d) Street No. 424 W Page (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: KATHRYN BURLINE SMITH
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) ~~Single, widowed~~, married, ~~divorced~~
6. (b) Name of husband ~~or wife~~: Wayne Smith
6. (c) Age of husband ~~or wife if alive~~: 25 years
7. Birth date of deceased: 6 (Month) 30 (Day) 1918 (Year)
8. AGE: Years 21 Months 10 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace: Springfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: 4
MOTHER FATHER
12. Name: Burlie Walton
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Ella Beeman
15. Birthplace: Okla (City, town, or county) (State or foreign country)
16. (a) Informant: Wayne Smith
(b) Address: 424 West Page St Springfield, Mo
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 4-16-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Greenlawn Cemetery, Co.
18. (a) Signature of funeral director: Ralph Sterrett, Co.
(b) Address: Mt Grove, Mo.
19. (a) 4-16-40 (Date received local registrar) (b) Burrie Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9 year 40 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from 9 and examined the body; that I last saw h____ alive on ____ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Broken neck, broken back, compound fracture of right ankle, fractured right upper arm — Duration
Due to: Being struck by automobile
Due to:
Other conditions (Include pregnancy within 3 months of death): N
Major findings: Of operations: 21 P 21
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)~~: Accident
(b) Date of occurrence: 4-9-40
(c) Where did injury occur? Near Norwood (City or town) Wright (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway 60 - 4 mi W. of Norwood Mo (Specify type of place)
While at work?
(e) Means of injury: 11
23. Signature: George Stoffe (Coroner)
Address: Mt Grove Mo Date signed 4/9/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 540-1268
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 [signature]

Licensed Embalmer No. 3161

P. O. Address Mtn Grove

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

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