

1-10-39
17-39
X21492

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

1. PLACE OF DEATH

(a) County Cooper

(b) City or town Rural - Clear Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none

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

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME BARBARA-MATILDA-SMITH.

8. (b) If veteran, name war none

8. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife if alive J. Smith (deceased)

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

7. Birth date of deceased March 1 - 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 7 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Sergeant

12. Name Anton Bremer

18. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Klassen

16. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant A.P. Sample

(b) Address Pleasant Green Mo

17. (a) Burial Burial (b) Date thereof May 6 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo - Catholic Church

18. (a) Signature of funeral director F. Hays - Hays & Painter

(b) Address Pilot Grove, Mo

19. (a) May 11 - 1940 (Date received local registrar) K.B. Kinsler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Rural - Clear Creek - Twp.
(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 May day 3rd year 1940 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 3 _____, 1940, to May 3 _____, 1940, that I last saw him _____ alive on May 3 _____, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Death of Venous Thrombosis

Due to _____

Due to _____

Other conditions Pneumonia
(Include pregnancy within 3 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? none
(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 Geo. Darby (M. D. or other) _____

Address Pilot Grove Mo Date signed May 11 1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8
District File Number 7-15-40
Date Filed

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

Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed *Rayton E. Adams*

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, 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.