

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **24990**Registration District No. **218**Primary Registration District No. **3015**Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **COOPER**
 (b) City or town **BOONVILLE**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **FOUR DAYS**
 In this community **SEVEN MONTHS**
 years, months or days

3. (a) PRINT FULL NAME **MRS. GLENNA JANE SMITH** **530**3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**6. (b) Name of husband or wife **D.N. SMITH** 6. (c) Age of husband or wife if alive **34** years7. Birth date of deceased **JUNE 18** **1909**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
31 **1** **13** hr. min.9. Birthplace **JOPLIN** **MISSOURI**
(City, town, or county) (State or foreign country)10. Usual occupation **HOUSEWIFE**11. Industry or business **HOME**12. Name **EZRA HOUBLER**13. Birthplace **JOPLIN** **MISSOURI**
(City, town, or county) (State or foreign country)14. Maiden name **GERTRUDE WEYAND**15. Birthplace **JASPER COUNTY** **MISSOURI**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **D.N. Smith**(b) Address **Boonville Mo**17. (a) **BURIAL** (b) Date thereof **AUGUST 2-4**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **WALNUT GROVE CEMETERY**18. (a) Signature of funeral director **STEGNER & KOENIG**(b) Address **BOONVILLE, MO.**19. (a) **8-2-40** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**
 (c) City or town **BOONVILLE**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **610 THIRD STREET**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **31**
year **1940** hour **3:35** minute **8** M.21. I hereby certify that I attended the deceased from **July 21**, 19**40**, to **July 31**, 19**40**;
that I last saw her alive on **July 31**, 19**40**;
and that death occurred on the date and hour stated above.Immediate cause of death **Intestinal obstruction** Duration **5 days**Due to **post operative adhesions from operation in 1937 on stomach**
Due to **phlebotomy**Other conditions **177.10**
(Include pregnancy within 3 months of death)Major findings: **Adhesion band near colon obstructing lumen**
Of operations **Adhesion band near colon obstructing lumen**
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?

197 (Specify type of place)
While at work? (e) Means of injury23. Signature **[Signature]** (M. D. or other) **[Signature]**Address **Boonville, Mo** Date signed **8-2-40**

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

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 *James W Stegner*
Licensed Embalmer No. *3780*
P. O. Address *Boonville, 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.