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K23159

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

SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28819

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 117. N. PENN. 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 years, months or days) 520

3. (a) PRINT FULL NAME Alice May 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 Widowed

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

7. Birth date of deceased April (Month) 28 (Day) 1859 (Year)

8. AGE: Years 81 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Kippa (City, town, or county) Ill (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name King Steer
13. Birthplace (City, town, or county) Ill (State or foreign country)
14. Maiden name Carrie Dixon
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mrs Anna Skaggs
(b) Address Webb City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oronogo Cem

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo.

19. (a) AUG. 31. 40 (Date received local registrar) (b) J. L. Pritchett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 117 N. Penn Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th year 1940 hour 6/25 minute P. M.

21. I hereby certify that I attended the deceased from Aug 28, 1940 to Aug 30, 1940; that I last saw her alive on Aug 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	8/28/40
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 377 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. N. Stormont (M. D. or other)

Address Webb City Mo Date signed 8/31/40

(Licensed Embalmer's Statement on Reverse Side)

40-9-325

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 Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, M

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, fact should be so stated above.