

3-40  
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SEP 23 1940 548

Primary Registration District No. 4323

Registrar's No. 39

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

1. PLACE OF DEATH: Marion  
 (a) County \_\_\_\_\_  
 (b) City or town Palmyra  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community 71 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Marion  
 (c) City or town Palmyra  
 (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 Rosa Belle Smith 530  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife George Smith 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased January 1 1863  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Shelby County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name No record 9  
 13. Birthplace No record  
 (City, town, or county) (State or foreign country)  
 14. Maiden name No record  
 (City, town, or county) (State or foreign country)  
 15. Birthplace No record  
 (City, town, or county) (State or foreign country)

16. (a) Informant George Smith  
 (b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 8/9/1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director Lewis Brown  
Palmyra Mo.  
 (b) Address \_\_\_\_\_

19. (a) Aug 7 1940 (b) Gertie Lee  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 6  
 year 1940 hour 6 minute 20 p. M.

21. I hereby certify that I attended the deceased from 16th 1940 to Aug 6 1940  
 that I last saw her alive on Aug 6 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
atherosclerosis  
cardiac dilatation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions circumcision M.  
 (Include pregnancy within 3 months of death)  
fract

PHYSICIAN  
 Major findings: none 50  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 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)  
 Wind or work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Moss (M. D. or other) MD  
 Address Aug 7 1940 Date signed \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**