

FILED SEP 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 29406Registration District No. 716Primary Registration District No. 5945Registrar's No. 14

1. PLACE OF DEATH:

- (a) County Pulaski
 (b) City or town Crocker, Mo. (Rural)
 (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
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Nora Ethel Smith 5303. (b) If veteran, name war No. No. 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Louis Westley Smith 6. (c) Age of husband or wife if alive 56 years7. Birth date of deceased Jan. 4, 1890.
(Month) (Day) (Year)8. AGE: Years 50 Months 7 Days 22 If less than one day
hr. min.9. Birthplace Pulaski County, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business At home.

MOTHER FATHER
 12. Name Hiram Haines
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Knox
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Westley Smith(b) Address Crocker, Mo.17. (a) Burial (b) Date thereof Aug. 28, '40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crocker Cemetery18. (a) Signature of funeral directors J. L. HOOPS & SONS.(b) Address Crocker, Mo.19. (a) (Date received local registrar) (b) W. J. See (Registrar's signature) 6/40

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pulaski
 (c) City or town Crocker (Rural)
 (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 Aug. day 26
year 1940 hour 8 minute 5 P. M.21. I hereby certify that I attended the deceased from August 29, 1939 to Aug 25, 1940
that I last saw her alive on Aug 22, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of the Cervix Duration 2 YearsDue to Death FromDue to unknownOther conditions unknown
(Include pregnancy within 3 months of death)Major findings: Of operationsOf 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? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
unknown

While at work at home (Specify type of place) (Means of injury)23. Signature W. J. See (M. D. or other) 11/3/40
Address Crocker Mo Date signed 7/3/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Paul B. Hooper*

Licensed Embalmer No. *3216*

P. O. Address..... *Crocker, 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.