

No. 2
4-13-40
4-17-39
I X231

DEC 16 1940

Registration District No. 24

Primary Registration District No. 4018

Registrar's No. _____

1. PLACE OF DEATH: Andrain
 (a) County Ladsonia
 (b) City or town Ladsonia
 (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 Ladsonia, Mo.
 In this community 59 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrain
 (c) City or town Ladsonia
 (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 MARY JEANETTE SMITH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 6th
 year 1940 hour 12 minute 25 A. M.

4. Sex female 5. Color White 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Christopher Smith 6. (c) Age of husband or wife if alive no years
 7. Birth date of deceased Aug 14 1857
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 23, 1940 to Dec 6, 1940
 that I last saw h. er alive on Dec 6-1940, 1940;
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 3 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death Paralysis of left side due to apoplexy Duration 13-day

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

Due to Arterio-sclerosis

10. Usual occupation House-wife

Due to _____

11. Industry or business Home

Other conditions _____ (Include pregnancy within 3 months of death)

12. Name William Lewis Moss

Major findings: _____

13. Birthplace Lexington Ky. (City, town, or county) (State or foreign country)

Of operations _____

14. Maiden name Marytha Jane Kendrick

Of autopsy _____

15. Birthplace Nashville Ten. (City, town, or county) (State or foreign country)

PHYSICIAN _____

16. (a) Informant Alice Moss Ferris
 (b) Address Jefferson City, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Dec 7-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

18. (a) Signature of funeral director J. J. Kranger
 (b) Address Ladsonia, Mo.

(b) Date of occurrence _____

19. (a) 12-6-1940 (b) W. K. McKeel
 (Date received local registrar) (Registrar's signature)

(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? _____

23. Signature W. K. McKeel (M. D. or other) _____
 Address Ladsonia Date signed 12-6-40

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

MOTHER FATHER

RECEIVED

District Health Officer No: 10

District File Number 12-40-2322

Date Filed DEC 13 1940

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

H. G. Granger

Registered Apprentice No.

working under my personal supervision.

Signed

H. G. Granger

Licensed Embalmer No.

1297

P. O. Address

Laddonia, 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, fact should be so stated above.