

FILED DEC 10 1940

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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 66 yrs (Specify whether
In this community 2
years, months or days)

3. (a) PRINT FULL NAME Emily Smith

3. (b) If veteran, name war None 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 Dick Smith 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 5 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>66</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace Lamar Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Chesley P. Barton

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Maryide, Davis
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Chesley P. Barton

(b) Address 207 3rd St. S. Lamar, Mo.

17. (a) Burial (b) Date thereof 11-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) 11-8-1940 (b) Mrs. Josephine Myrath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1940 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 10
1940 to Nov. 6th. 1940

that I last saw her alive on Feb 8 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to nephritis

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature C. E. Duesett (M. D. or other) M.D.

Address Lamar, Mo. Date signed Nov 6

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RECEIVED

District Health Officer No. 6,

District File Number 1140-2951

Date Filed DEC 6 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Walter S. Hubbard

Licensed Embalmer No. 3550

P. O. Address Lamar, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38056
Registrar's No. 52

Registration District No. 40

Primary Registration District No. 4024

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

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Emily Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced n

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 1 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal) (Specify whether)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Nov day 6 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to nephritis (Chronic)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 Of 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. E. Dierck (M. D. or other) M.D. Address Lamar 570 Date signed 2/17/41

SUPPLEMENTAL

PHYSICIAN
Underline the cause to which death should be charged statistically.

