

Registration District No. **288** Primary Registration District No. **5406**

Registrar's No. _____

FILED DEC 12 1940

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Kennett 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 two hrs.
 (Specify whether
 In this community 2 months
 years, months or days)

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 21
 year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Oct. 19
 _____, 1940, to Oct 21, 1940
 that I last saw her alive on Oct 21, 1940
 and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** W.
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 27 - 1938
 (Month) (Day) (Year)

Immediate cause of death Enterocolitis
Duration 2 wks
Due to _____
Due to _____

8. AGE: Years _____ Months 10 Days 24
 If less than one day _____ hr. _____ min.

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.

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

10. Usual occupation _____

11. Industry or business _____
12. Name Russell Smith
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Blanche Baker
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Russell Smith
(b) Address Red Rock Ark.
17. (a) Kennett **(b) Date thereof** Oct 22 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gregory Cem.

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? _____

18. (a) Signature of funeral director Beitz Perwe
(b) Address _____
19. (a) 12-6-40 **(b)** Thuludover
 (Date received local registrar) (Registrar's signature)

23. Signature D. H. Linnell M.D. (M. D. or other)
Address Kennett Mo **Date signed** Nov 15 1940

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 1240-1817

Date Filed 12/12/40

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 with the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38629

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 288

Primary Registration District No. 5406

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Independence Township State Ark
(c) Name of hospital or institution: 2 hrs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ind. Sup.
In this community _____ specify whether
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) City or town Jasper Rural State Ark (b) County Newton
(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.

3. (a) PRINT FULL NAME Edith Beatrice 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 _____

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 1 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ day _____ year _____ hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

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

23. Signature G. P. Presnell (M. D. or other) _____

Address Kennett Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

