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

42119

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 162

FILED JAN 25 1940

Registration District No. 102 Primary Registration District No. 5927 Registrar's No. 4564

1. PLACE OF DEATH:

(a) County Cass

(b) ~~City or town~~ Peculiar Mo.
(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 ✓ years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Peculiar
(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 Hattie Harriet Smith

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William H Smith 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan (Month) 10 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	24	hr. min.

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

10. Usual occupation Home Maker

11. Industry or business ✓

FATHER
12. Name William Eley
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Skates
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Smith
(b) Address Peculiar Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Peculiar Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S HARRISONVILLE, MO. 155
(b) Address

19. (a) 12/5/40 (Date received local registrar) (b) Martin V. Robbins, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1940 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from December 1, 1940, to December 4, 1940; that I last saw her alive on December 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	12/4/40
Due to	
Due to Occlusion Coronary Artery	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 Po	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Martin V. Robbins (M. D. ~~or other~~)
Address Peculiar, Mo Date signed 12/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rimmenburger.

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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

If this body is not embalmed, above space should be left blank.