

No. 2  
-13-40  
-17-39  
X23159

FILED JAN 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

44032

State File No. ....

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston  
(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

3. (a) PRINT FULL NAME Laura Sikes 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 Widowed

6. (b) Name of husband or wife Henry Anderson Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 8 17 hr. \_\_\_\_\_ min.

9. Birthplace New Madrid Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Sikes

13. Birthplace New Madrid Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Stallcup

15. Birthplace New Madrid Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Handy L. Smith

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 12-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston City Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Sikeston, Mo.

19. (a) 1-8 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. North Kingshighway  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1940 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 10 to Dec 12 1940  
that I last saw h. EP alive on Dec 11 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Semib. Debility

Due to

Due to  162

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

Duration

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? 742

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

23. Signature [Signature] (M. D. or other) !

Address Sikeston Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2.

District File Number 141-80

Date Filed 1/13/41

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**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.....

*H. J. Walsh*

Licensed Embalmer No. 774

P. O. Address..... *Skintown, Pa.*

**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.**