

2-40
-39
(2315)

APR 10 1941

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Baerville
(c) Name of hospital or institution: Alex Van Ravenswaay Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
In this community 4 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 91
(c) City or town Versailles Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Christena Ella 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 Mr. Bernard Smith 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Sept. 17th 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 4mo Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Mr. Jacob Winger

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

14. Maiden name Anna Cunningham

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

16. (a) Informant B.E. Smith
(b) Address Barnetts Mo

17. (a) Hopewell (b) Date thereof 3-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cem

18. (a) Signature of funeral director W.F. Hurdell
(b) Address 7 W. Main St. Hopewell, Mo
19. (a) 3-8-41 (b) B. E. Hopewell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1941 hour 2 pm minute _____ M.

21. I hereby certify that I attended the deceased from 10 a.m. March 8, 1941 to 2 p.m. March 8, 1941; that I last saw her alive on 3-8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage - Childbirth

Due to placenta previa

Due to _____
Other conditions (include pregnancy within 3 months of death) 14 lb

Major findings: Person was alone for part of autopsy
Of autopsy Hemorrhage cause of death

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? _____

1941 (Specify type of place) While at work _____ (e) Means of injury _____

23. Signature Herin Ramon (M. D. or other) _____
Address Barnetts Mo Date signed 3.8.41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-41

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 *W. F. Kimmel*

Licensed Embalmer No. *1596*

P. O. Address *Persepolis*

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.