

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15350**

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Wodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 714 N. Mulberry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME SOPHIA MARY 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 widowed

6. (b) Name of husband or wife John Franklin Smith 6. (c) Age of husband or wife if alive, years 4

7. Birth date of deceased Apr. 4, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months - Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Rhein
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Fessler
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Liddle

(b) Address 714 N. Mulberry St.

17. (a) Removal (b) Date thereof Apr. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo.

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) 4-29-41 (b) Mame E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 714 N. Mulberry St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr. 12, 1938, to 4/28, 1941; that I last saw him alive on 4-28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
arterio sclerosis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 4 3/4

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? _____

5-5-41 (Specify type of place) While at work (e) Means of injury _____

23. Signature J. M. Boyles (M. D. or other) _____
Address Maryville Date signed _____

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 _____

John W. Price

Licensed Embalmer No. *3229-*

P. O. Address _____

Maryville 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.