

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED MAY 12 1941 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15474

State File No. _____

Registration District No. 669Primary Registration District No. 4401Registrar's No. 7

1. PLACE OF DEATH:

- (a) County Barry Pettis
(b) City or town Smithton
(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
- none
- (Specify whether

In this community 21 years years, months or days)

3. (a) PRINT FULL NAME

Alfaretta Smith

8. (b) If veteran,

name war _____

8. (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

Frank H. Smith

6. (c) Age of husband or wife if

alive deceased years

7. Birth date of deceased

(Month)

(Day)

(Year)

OCT141897

8. AGE:

Years

Months

Days

If less than one day

7360

hr.

min.

9. Birthplace

State of Illinois
(City, town, or county)Illinois
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Ann Henry Tarpensing

18. Birthplace

Do not know
(City, town, or county)Do not know
(State or foreign country)

14. Maiden name

Carolina Richard

15. Birthplace

Do not know
(City, town, or county)Do not know
(State or foreign country)

16. (a) Informant's own signature

Genevieve Smith

(b) Address

Smithton Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4-16-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Smithton Mo

18. (a) Signature of funeral director

J. F. Neumeyer

(b) Address

Smithton Mo19. (a) 4-16-41

(Date received local registrar)

Mrs. J. L. Mowser

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month

day

year

hour

minute

14

1941575P.M.

21. I hereby certify that I attended the deceased from

January 2, 1939, to April 14, 1941;
that I last saw her alive on April 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Heart failure - fromValvular disease, chroniccardiac aortic stenosis mitralDue to insufficiency - completedecompensation.9 months

Due to

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.

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Chas. Osborne

(M. D. or other)

Address

Seabla Mo

Date signed

4/16/41

(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. 52452

working under my personal supervision.

Signed, M. T. Berninger

Licensed Embalmer No. 3712

P. O. Address Franklin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-4747

Registration District No. 669

Primary Registration District No. 4401

Registrar's No.

1. PLACE OF DEATH

- (a) County Pettis
(b) City or town Smithton
(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 Alfaretta 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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 0 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) Do not know (b) Wm J L Mousere (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
(c) City or town Smithton MO
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month apr day 14
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Valv Duration _____

Due to _____

Due to _____

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.

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?

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

23. Signature Chas D Deforme (M. D. or other)

Address Adalia MO Date signed _____

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

MAKE

11

SUPPLEMENTARY

S-15474