

Registration District No. 734

Primary Registration District No. 5969

Registrar's No. 4

1. PLACE OF DEATH: Handolph
(a) County Handolph
(b) City or town Saltriver Township
(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 Lady Belle Smith
3. (b) If veteran, name war XX 3. (c) Social Security No. XX
4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb 23, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>16</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

12. Name Rufus Combs

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

14. Maiden name Sarah Chism

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

16. Informant Edon Smith #3

(b) Address Madison Ky

17. (a) Burial (b) Date thereof 4/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Cemetery

18. (a) Signature of funeral director Fred G. Thompson

(b) Address Madison Ky

19. (a) 5-2/41 (b) Walter Brummer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Handolph
(c) City or town Rural (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 April day 9
year 1941 hour 10 25 minute..... A.M.

21. I hereby certify that I attended the deceased from June 10, 1940
19....., to April 9, 1941
that I last saw her alive on April 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to.....

Due to..... 1310

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

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

23. Signature Edon Smith (M. D. or other).....

Address Madison Mo Date signed 4/12/41

RECEIVED

District Health Officer No. 10

District File Number 5-41-933

Date Filed MAY 1 1941

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 *Mr. Fred A. Thompson*

Licensed Embalmer No. 3282

P. O. Address *Madison, Wisc.*

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.