

Registration District No. **774**

Primary Registration District No. **4465**

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

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Flat River, Mo.
(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

8. (a) PRINT FULL NAME Mrs. Artie London Smith

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White Cauc.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. S. D. Smith

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 22 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Madison Co. Missouri (City, town, or county) (State or foreign country) U

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER

12. Name Mrs. James A. London

13. Birthplace State of Kentucky (City, town, or county) (State or foreign country) 1

14. Maiden name Mary A. Gibson

15. Birthplace Replat County, Mo. (City, town, or county) (State or foreign country) U

16. (a) Informant Mrs. Osa McLean Flat River

(b) Address Ms - daughter

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof April 26 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial Park

18. (a) Signature of funeral director Alvin W. Hoover

(b) Address Flat River

19. (a) 4/26/41 (Date received local registrar)

(b) O. B. Franzer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 94

(a) State Mo (If foreign, write "FOREIGN")

(c) City or town Flat River (If outside city or town limits, write "RURAL") L

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

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1941 hour 9 minute 15 M. A

21. I hereby certify that I attended the deceased from April 1 1941, to April 24 1941;

that I last saw her alive on April 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cu z bladder

Due to _____

Due to _____

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

Major findings: Cu z bladder

Of operations _____

Of autopsy NO

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? _____

What work? 697 (Specify type of place)

(e) Means of injury _____

23. Signature C. H. Hoberg (M. D. or other) Dr. H. W. Hoover

Address Flat River Mo Date signed 4/26/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flt. River, 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.