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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22112

State File No.

FILED JUL 15 1941

Registration District No. 142 Primary Registration District No. 5693 Registrar's No.

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Goodman Comm. T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 60
(a) State MISSOURI (b) County McDONALD 0
(c) City or town GOODMAN 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARGARET Smith
3. (b) If veteran, name war NONE
3. (c) Social Security No. 486-07-0430
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER (Month) 7 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
32	6	28	hr. min.

9. Birthplace Burlington (City, town, or county) Colorado (State or foreign country)
10. Usual occupation NURSE
11. Industry or business Hospital
FATHER
12. Name WILLIAM HENRY YALE
13. Birthplace (City, town, or county) IOWA (State or foreign country)
MOTHER
14. Maiden name NELLIE WILCOX
15. Birthplace CHAMPAIGN (City, town, or county) Illinois (State or foreign country)
16. (a) Informant William Henry Yale
(b) Address Goodman, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director Carey Thompson
(b) Address Neosho Mo
19. (a) 7-10-41 (Date received local registrar) (b) Chas. W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5 year 1941 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from April, 1940, to June 5, 1941; that I last saw her alive on June 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
1/3/B

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature L. L. Reynolds (M. D. or other) M.D.
Address Neosho Mo Date signed 6/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed JUL 12 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 Barry Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.