No. 2
-1-4-41
5-17-39 FILE
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

7 1941 556
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4328

State File No. 25616

Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton
(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
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Mercer
(c) City or town Ravenna MO
(If outside city or town limits, write "RURAL")
(d) Street No. Village
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucinda A. Smalley
3. (b) If veteran, name war —
3. (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 —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 20 (Day) 1848 (Year)
8. AGE: Years 93 Months Days 28 If less than one day hr. min.
9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Alexander Scott
13. Birthplace Unknown (Ohio) (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown Ohio (City, town or county) (State or foreign country)
16. (a) Informant Mrs Ed Miller
(b) Address Princeton MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ravenna
18. (a) Signature of funeral director Noel Moss
(b) Address Princeton MO
19. (a) 7/19-41 (Date received local registrar) (b) J M Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1941 hour 8:10 minute 00 P.M.
21. I hereby certify that I attended the deceased from May 18 1941 to July 18 1941 that I last saw him alive on July 18 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Mitral Insufficiency — Duration 12yrs
Due to Senility — 5yrs
Due to Arteriosclerosis — 10yrs
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations TJP
Of autopsy NO

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 Ed Perry M.D. (M. D.)
Address Princeton MO Date signed 7/18-41

4 7 4 (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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 263 x.

P. O. Address Cameron, M

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

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

S. No. 2B
1—8-21-41
I X29288

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

State File No. 25616

Registration District No. 556 Primary Registration District No. 4328 Registrar's No. 25—

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: Princeton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Died at her son-in-law, Edward Miller who lives near Princeton Mo (If in hospital or institution, give street address or location)

(d) Length of stay in hospital or institution: (Specify whether years, months, or days) In this community: Entire life - lived at Rovanna Mo for a little over a year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Mercer

(c) City or town: Ravenna Mo (If outside city or town limits, write "RURAL")

(d) Street No.: Village (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Lucinda A Smalley

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: W

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: hr. min.

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name:

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

14. Maiden name:

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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July Day: 1 Year: 1941 hour: minute: M.

21. I hereby certify that I attended the deceased from: 19 to: 19; that I last saw him alive on: 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	
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)

(b) 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: (M. D. or other)

Address: Date signed:

SUPPLEMENTARY