

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27733

Registration District No. 27

Primary Registration District No. 5037

Registrar's No. 102

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town Corssville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles south of Corssville
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Hattie J. Smith
 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 Frank Smith 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 31, 1879
 (Month) (Day) (Year)
 8. AGE: Years 62 Months 0 Days 15 If less than one day hr. min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 16
 year 1941 hour 1 minute 45 P.M.
 21. I hereby certify that I attended the deceased from July 14, 1941 to Aug. 16, 1941;
 that I last saw her alive on Aug. 16, 1941,
 and that death occurred on the date and hour stated above.

MOTHER FATHER
 9. Birthplace Barry County, Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name A. J. Hopkins
 13. Birthplace Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Fannal Varnen
 15. Birthplace Missouri (City, town, or county) (State or foreign country)
 16. (a) Informant Sonny Smith
 (b) Address Corssville, Mo.
 17. (a) Burial (b) Date thereof Aug 17, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Corssville Cem.
 18. (a) Signature of funeral director Roop Funeral Home
 (b) Address Corssville, Mo.
 19. (a) August 2, 1941 (b) Geo. W. Neuman, M.D.
 (Date received local registrar) (Registrar's signature) Barry, Mo.

Immediate cause of death
Acute Myocarditis
Heart failure
 Due to Cachexia and anoxia
due to carcinoma of
 Due to Stomach
 Duration 2 days
 UNK

Other conditions (Include pregnancy within 3 months of death)
James L. Jackson
 Major findings: Of operations
 Of autopsy HLP
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 10
 23. Signature James L. Jackson (M. D. or other) _____
 Address Corssville, Missouri Date signed 8-25-41

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

RECEIVED

District Health Officer No. 6,

District File Number 941-1504

Date Filed SEP 15 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..... *Eugene Wood*
Licensed Embalmer No. *5804*
P. O. Address *Cassville, 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, fact should be so stated above.