

No. 2
-13-40
-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28140**
Registrar's No. **112**

Registration District No. **218** Primary Registration District No. **3015**

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

1. PLACE OF DEATH:
(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
527 E. HIGH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **10 YEARS** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **COOPER**
(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. **527 E. HIGH STREET**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **MRS MARGARET IDA SMITH**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **SEPTEMBER** day **2nd** /st
year **1941** hour **two** minute **ten** A.M.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **PETER F. SMITH** 6. (c) Age of husband or wife if alive **1860** years
7. Birth date of deceased: **DECEMBER 13** (Month) **19** (Day) **1860** (Year)

21. I hereby certify that I attended the deceased from **August 22, 1941, to September 1st, 1941;**
that I last saw her alive on **Sept. 1st, 1941;**
and that death occurred on the date and hour stated above.
Immediate cause of death **Bronchopneumonia** Duration **2 days**

8. AGE: Years **80** Months **8** Days **19** If less than one day _____ hr. _____ min.

Due to **Acute gastroenteritis** **10 days**

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **AT HOME**

Other conditions (Include pregnancy within 3 months of death) **NO**

11. Industry or business **NONE**

Major findings: Of operations _____

12. Name **WILLIAM L. GONDRY**

Of autopsy **None**

13. Birthplace **KENTUCKY** (State or foreign country)

14. Maiden name **MARY ANN WARE** (State or foreign country)

15. Birthplace **HOWARD COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. T.A. NELSON**
(b) Address **BOONVILLE, MISSOURI**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **SEPT. 2 - 1941**
(Month) (Day) (Year)
(c) Place: burial or cremation **MUNGETON-MASONIC CEMETERY**

18. (a) Signature of funeral director **STEGNER & KORNIS**
(b) Address **BOONVILLE, MISSOURI**

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? _____

19. (a) **9-2-41** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

While at work? _____ (Specify type of poison) (c) Means of injury **11**
23. Signature **P. E. White** (M.D. or other) **P.O.**
Address **312 1/2 Main Boonville Mo** Date signed **9/2/41**

SEP 31 1944

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.....

James W. Stegner

Licensed Embalmer No. *3780*

P. O. Address.....

Boonville, 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.