

No. 2
1-13-40
17-39
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DEPARTMENT OF COMMERCE
FIFTH SCHEDULE 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29139

Registration District No. 719

Primary Registration District No. 6950

Registrar's No. 21

1. PLACE OF DEATH: PUTNAM

(a) County PUTNAM

(b) City or town RURAL - ELM TWP.
(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)

In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Lusoma Mo 670 #2
(If rural, give location)

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

3. (a) PRINT FULL NAME LAURA MARKELLA SMITH.

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 M I

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug 25 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>11</u>	<u>10</u>	hr. min.

9. Birthplace Putnam Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation H&ME WORK

11. Industry or business _____

MOTHER FATHER

12. Name Benjamin Marshall

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

14. Maiden name Mary Huff

15. Birthplace Putnam
(City, town, or county) (State or foreign country)

16. (a) Informant Will Smith

(b) Address Lusoma

17. (a) BURIAL (b) Date thereof AUG 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation THOMPSON CEM

18. (a) Signature of funeral director Thompson

(b) Address Waverly Mo

19. (a) Aug 7 - 1941 (b) Marion Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1941 hour 24 minute 10 M.

21. I hereby certify that I attended the deceased from July 27, 1941, to Aug 5, 1941;
that I last saw her alive on Aug 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac
Valvular disease

Duration _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy no 1730

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature W. W. Gillman (M. D. or other) MD

Address Waverly Mo Date signed Aug 6

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

86
000

86
000

RECEIVED

District Health Officer No. 10

District File Number 9-41-1747

Date Filed SEP 18 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

Murl E. Husted

Licensed Embalmer No.

3304

P. O. Address

Unionville, 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.