

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

29148

Registration District No.

726

Primary Registration District No.

595

124

Registrar's No. 595-124

1. PLACE OF DEATH:

- (a) County Ralls
(b) City or town Rural -- Spencer 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 _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Artie Adelia Smith

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, ☒ widowed, married, divorced Married

6. (b) Name of husband J. Leland Smith 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 25th 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 29 If less than one day hr. _____ min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Cash Adams
13. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Turley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leland Smith
(b) Address New London, Missouri

17. (a) Burial (b) Date thereof Aug. 26 - '41
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director W. Donald Hines
(b) Address New London, Missouri

19. (a) Sept-9-1941 (b) Blanche Hines
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ralls

- (c) City or town New London
(If outside city or town limits write "RURAL")

- (d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
year 1941 hour 12:00 noon minute _____ M.

21. I hereby certify that I attended the deceased body viewed dead
Aug. 24th, 1941, to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis...

Found dead at the home of her
Daughter whom she was visiting.

Due to Body lying in chicken yard. Had
suffered of heart attacks for

Due to several years. No inquest was
held.

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 W. Donald Hines Coroner W. Donald Hines
Address New London, Missouri Date signed 8/25

RECEIVED

District Health Officer No. 10

District File Number 9-41-1723

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

Mike Donnell

Licensed Embalmer No. 3246

P. O. Address

Hannibal 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, above space should be left blank.