

Registration District No. 447

Primary Registration District No. 5607

Registrar's No. _____

1. PLACE OF DEATH:

(a) County KNOX County
(b) City or town RURAL, Rainier
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EAST OF PEVENA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County KNOX
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. EAST OF PEVENA
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elizabeth Francis Smith

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 22 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Retired House Wife

12. Name Allen Deer

13. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Duke

15. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Juvy Ahern

(b) Address Osceola, Mo.

17. (a) Funeral (b) Date thereof Sept 12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Cemetery

18. (a) Signature of funeral director W. Misgrove

(b) Address Bethel, Mo.

19. (a) Sept 20/41 (b) Mrs. C. M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1940, 19____, to Sept, 1941;
that I last saw her alive on Sept, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death unknown

Due to _____

Due to 55d

Due to _____

Other conditions Sarcoma of Maxillary
(Include pregnancy within 3 months of death)

Major findings: sinus

Of operations _____

Of autopsy _____

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) (e) Means of injury 2

23. Signature A L Simpson (M. D. or other) MD

Address Shelburne Mo Date signed Oct 17 - 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200

OCT 6 1941

8

OCT 6 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 _____

Self, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. *2719*

P. O. Address *Bethel 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.