

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 34268Registration District No. 1026Primary Registration District No. 5702ARegistrar's No. 14

1. PLACE OF DEATH:

- (a) County Bollinger
 (b) City or town Glen Allen Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lorraine, Twp
 (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)

3. (a) PRINT FULL NAME Mary Elizabeth 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 _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased: Dec. 31 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 15 _____ hr. _____ min.

9. Birthplace Centerhall Penn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Saunders
 13. Birthplace Penn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Sadie Piory
 15. Birthplace Penn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Henry Smith(b) Address 14 31 Missouri Ave. St. Louis17. (a) Burial (b) Date thereof Oct 17, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Baker Cem. Lutesville18. (a) Signature of funeral director Baker Funeral Home(b) Address Lutesville, Mo. 16 Lutesville19. (a) Nov 10 1941 (b) Willie H. Saunders
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Bollinger
 (c) City or town Glen Allen - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Lorraine, Township
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
 year 1941 hour 1:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 _____

No medical attendance

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings:
 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 323. Signature J. E. Graham (M. D. or other) CoronaAddress Lutesville, Mo. Date signed 10-16-41

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: *J. B. Graham*

Licensed Embalmer No. *4010*

P. O. Address: *Lutesville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34268

Registration District No. 1026

Primary Registration District No. 5102A

Registrar's No.

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. 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 W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 31, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 10 (If less than one day) _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 8
Year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

no medical Attendant
Probable cause -
coronary occlusion
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 940
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

butteville Mo.

