

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 135885

FILED NOV 7 1941

Registration District No. _____

Primary Registration District No. 42440

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Remick Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
In this community 40 years.

3. (a) PRINT FULL NAME IMOGENE MOSS SMITH

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James B. Smith 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec - 9 - 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Hanover Co. Va
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert F. Moss

13. Birthplace Louisa Co. Va
(City, town, or county) (State or foreign country)

14. Maiden name Ella Rousie

15. Birthplace Hanover Co. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Hatch
(b) Address Remick Mo.

17. (a) Burial (b) Date thereof Dec. 8 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proberly Mo.

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Proberly Mo.

19. (a) Dec 13 1941 (b) G. T. Rinebaugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Remick
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th
year 1941 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 4
1941 to Dec 6 1941
that I last saw her alive on Oct 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to hypertension

Due to _____

Other conditions 450
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration:

Oct 4

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 H. E. Shufferts (M. D. or other) _____
Address Proberly Mo Date signed 10-7-41

662 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-41-1969

Date Filed NOV 7 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

R. M. Carter

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

R. M. Carter

Licensed Embalmer No. 1117

P. O. Address Moberly 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.