

1. PLACE OF DEATH:

(a) County Junklin
 (b) City or town Hammersville Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home
(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 Junklin
 (c) City or town Hammersville - Rural 35
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
 year 1941 hour 3 minute 45 P. M.
 21. I hereby certify that I attended the deceased from 5:00 A.M.
11/20 1941, to 2:00 P.M. 11/20 1941;
 that I last saw h.e. alive on 11/20/41 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Duration

Due to Bab. was bot. n. prematurely

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 19
10
 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?
(Specify type of place)

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature J. L. Killion (M. D. or other) MD
 Address Hammersville, Mo. Date signed 11/24/41

3. (a) PRINT FULL NAME Joyce Marie 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 infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11 20 41
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|------------------------------|
| | | | | <u>10</u> hr. <u>30</u> min. |

9. Birthplace Hammersville 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER {
 12. Name George W. Smith
 13. Birthplace Clarkton, Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Mrs. Mae Ray
 15. Birthplace Marmaduke 0
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Smith
 (b) Address Hammersville, Mo.

17. (a) Burial (b) Date thereof 11 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammersville graveyard

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

19. (a) 11-21-41 (b) E. J. Cope
(Date received local registrar) (Registrar's signature)

RECEIVED .

District Health Office No 2,

District File Number 1241-160

Date Filed 12/4/41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.