

FILED FEB 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1925

State File No.

Registration District No. 135

Primary Registration District No. 5-19-2 5188

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton, RFD #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 7 miles NW Carrollton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. R.F. #3
(If rural, give location)
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th
year 1942 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from 1-9, 1942 to 1-11, 1942
that I last saw her alive on 1-11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic nephritis (Industrial)

Duration

?

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations.....
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 CA
23. Signature William G. Atwood (M. D. or other) CA
Address Carrollton, Mo. Date signed 1/12/42

3. (a) PRINT FULL NAME NANCY KATHRYN SMART.

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

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

6. (b) Name of husband or wife J.S. Smart. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 6th 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Combs Twp. Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business XX own home

MOTHER FATHER { 12. Name G.B. Sprouse,

13. Birthplace Cooper County, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Strouder

15. Birthplace England.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe S. Smart.

(b) Address Carrollton, Mo.

17. (a) Burial. (b) Date thereof Jan. 13, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion-Bogard, Mo.

18. (a) Signature of funeral director Clifford W. Austin
(b) Address Tina, Missouri.

19. (a) 1-12-42 (b) Mrs James P. Rafferty
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Certs Filed

2-12-42

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.....

Clifford W. Austin,

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford W. Austin

Licensed Embalmer No. #3233.

P. O. Address Tina, Missouri.

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.