

FILED FEB 13 1942, 1109

Primary Registration District No. 5333

Registrar's No. _____

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

1. PLACE OF DEATH: Dade
 (a) County: Dade
 (b) City or town: "Sac" hwb Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Four miles west of Dadeville Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
(Specify whether)
 In this community: 60 years
years, months or days

3. (a) PRINT FULL NAME: Florence 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: Married
 6. (b) Name of husband or wife: Loke Smith
 6. (c) Age of husband or wife if alive: 71 years
 7. Birth date of deceased: May 3 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation: House wife

11. Industry or business: _____

12. Name: Bales Frezell

13. Birthplace: Tenn
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Benoit

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

16. (a) Informant: Dean Smith

(b) Address: P. O. 1 Dadeville Mo.

17. (a) Burial (b) Date thereof: 1-31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Corry Cemetery

18. (a) Signature of funeral director: Erwin J. Dinsinger

(b) Address: Dadeville Missouri

19. (a) Feb 3-42 (b) Mrs Nora Cyle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Dade
 (c) City or town: Rural "Sac"
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 30
 year 1942 hour 1:00 minute _____ A.M.
 21. I hereby certify that I attended the deceased from Jan 1
 _____, 1942 to Feb 30, 1942
 that I last saw her alive on Jan 30, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pleuracy & Pneumonia
 Duration: 24 hrs

Due to: _____
 Due to: _____

Other conditions: Severe Asthma
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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: B B Kirby (M. D. or other) D
 Address: Dadeville Mo Date signed: 2-3-42

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.....

..... *myself*, Registered Apprentice No.....
working under my personal supervision.

Signed *L. L. Dinnidie*

Licensed Embalmer No. *3786*

P. O. Address *Dadeville 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. 2095

Registration District No. 1109

Primary Registration District No. 5333

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural
(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

3. (a) PRINT FULL NAME Florence 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 m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days _____ 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)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day _____
Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I observed him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia
Due to Croupous,
with pleurisy

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 B B Kirby (M. D. or other) _____
Address Dadeville, Mo Date signed 3-9-42

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

SUPPLEMENTARY

