

S. No. 2
M-1-4-41
v. 5-17-39
X26390

2265

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED FEB 7 1941
Registration District No. 318 324

Primary Registration District No. 5449

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #51
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 77 yr 8 mo. 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA BELLE SMITH OWEN
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 4
year 1941 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw her dead on November 4, 1941
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years _____ days
7. Birth date of deceased Feb 28 1864
(Month) (Day) (Year)

Immediate cause of death Heart illness - influenza pneumonia and debility
Duration _____

8. AGE: Years 77 Months 8 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Walnut Grove Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business In home

12. Name Julian B. Smith

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

14. Maiden name Lucinda P. Lambeth
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ethel McRandy

(b) Address Springfield, Mo. R# 5

17. (a) Burial (b) Date thereof Nov. 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director W. H. Ingham Co.
(b) Address Springfield, Mo.

19. (a) Nov. 4 1941 (b) Mrs. Guy Freeman
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations _____

Of autopsy None

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 2

23. Signature Gas. B. Benson Acting Coroner (M.D. or other)
Address 1622 1/2 No. Robinson Date signed 11-4-1941

RECEIVED

Greene County Health Office,

County File Number 42-2-13

Date Filed 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1763

P. O. Address Springfield, 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.