

FILED JAN 30 1942

Registration District No. **477 479**

Primary Registration District No. **4288**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **La Belle**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **La Belle**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **1 yr.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **Lewistown, Missouri**
(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.

3. (a) PRINT FULL NAME **Mary Tom Piner**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **old age unit**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **2** divorced **Widowed**

6. (b) Name of husband or wife **James E. Piner** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 31 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 3 hr. min.

9. Birthplace **Durham Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas A Smoot**
13. Birthplace **Shelby County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Shumate**
15. Birthplace **Marion County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Robert Spath**
(b) Address **Lewistown, Mo**

17. (a) **Burial** (b) Date thereof **Dec 6, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial, Lewistown, Mo**

18. (a) Signature of funeral director **James A. Lewis**

(b) Address **Lewistown, Missouri**

19. (a) **Dec 6, 1941** (b) **P. W. Jennings**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **4**
year **1941** hour **11:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **April 28**
_____, 1941, to **December 4**, 1941;

that I last saw her alive on **December 1**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**

Duration **7 mo.**

Due to **Old age, general breaking down of body functions.**

Due to _____

Other conditions **Senile dementia**
(Include pregnancy within 3 months of death)

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 **ip**

23. Signature **Harry S. W. ...** (M. D. or other) **D.O.**

Address **LaBelle, Missouri** Date signed **Dec 5**

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

56
0
0

RECEIVED

District Health Officer No. 10

District File Number 1-42-79

Date Filed JAN 15 1942

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

A James A. Adams, Jr., Registered Apprentice No. 298
working under my personal supervision.

Signed James A. Adams

Licensed Embalmer No. 2532

P. O. Address Lewis Grove, Wis.

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, above space should be left blank.