

FILED FEB 11 1942
Registration District No. **668**

Primary Registration District No. **5884**

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

1. PLACE OF DEATH:

(c) County **Pettis**
(b) City or town **Rural - Washington Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 52 - West of 65 Highway 1
(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 **Cornelia May 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 **Divorced**

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

7. Birth date of deceased **May 1 1892**
(Month) (Day) (Year)

8. AGE: Years **49** Months **8** Days **11** If less than one day hr. min.

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

10. Usual occupation **Housekeeper**

11. Industry or business.....

MOTHER FATHER { 12. Name **C. F. Smith**

13. Birthplace **Fulcon Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary A. Gaebe**

15. Birthplace **Irnton Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. H. Christman**

(b) Address **Boonville, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 14, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonville, Missouri**

18. (a) Signature of funeral director **Gillespie Funeral Home**

(b) Address **903 S. Ohio, Sedalia, Missouri**

19. (a) **1/13/42** (b) **Mrs Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **903 West 7th Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **12**
year **1942** hour **10** minute **30 P.**

21. I hereby certify that I attended the deceased from **Jan 12 1942** to **Jan 12 1942**
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Injuries received in Automobile accident Skull Fracture** Duration
Due to **careless driving**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **1-12-42**

(c) Where did injury occur? **Pettis Co Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway 2
(Specify type of place)
While at work? **no** (e) Means of injury

23. Signature **H. I. Bishop Coroner** (M. D. or other)
Address **Sedalia Mo** Date signed **1-13-42**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-42

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia

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.