

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6627

State File No. ....

Registration District No. 309 314

Primary Registration District No. 4190

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Stanberry Mo. 11th  
(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 no. (Specify whether  
In this community 52-8-0 years, months or days)

3. (a) PRINT FULL NAME Edith Ethel 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 Peter Smith 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased 6 (Month) 12 (Day) 1889 (Year)

8. AGE: Years 52 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Stanberry Mo.!! (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Martin Miller  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Marinda Sheridan  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Peter Smith  
(b) Address Stanberry Mo.

17. (a) Burial (b) Date thereof 2-15-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highridge Cemetery

18. (a) Signature of funeral director W. A. Johnson  
(b) Address Stanberry Mo.

19. (a) (Date received local registrar) (b) Bonnie M. Skelton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry  
(c) City or town Stanberry (If outside city or town limits, write "RURAL")  
(d) Street No. West Third 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 Feb day 12 year 1942 hour 7:30 minute P. M.  
21. I hereby certify that I attended the deceased from Feb 4 42 to Feb 12 42  
that I last saw her alive on Feb 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage.

Due to Hypertension.  
Due to Cardio-renal decompensation.

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? Home  
While at work? no. (Specify type of place) (e) Means of Injury -

23. Signature J. E. Simpson (M. D. or other) Address Liberty Mo. Date signed 2-22-42

1108

(Licensed Embalmer's Statement on Reverse Side)

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

**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 J. Evan Johnson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanhurst 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.**