

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 years (Specify whether years, months or days)

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. 400 N. Grand Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Almira Jane 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, Widowed

6. (b) Name of husband or wife Wm E. Smith (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 10 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 8 _____ hr. _____ min.

9. Birthplace Nova / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram Hileman
13. Birthplace Washington Co. / Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Nancy
15. Birthplace West Salem / Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Madorin
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Feb 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address 903 S. Ohio, Sedalia, Missouri

19. (a) 2-19-42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 18 to Feb 17 1942, that I last saw him alive on Feb 17 1942, and that death occurred on the date and hour stated above.
Immediate cause of death Crown impaction

Due to 3rd Compensated Aneurysm from broken left hip 2.3 days

Due to _____ 2000 years

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

Major findings: Arteriosclerosis
Of operations None done

Of autopsy not made

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) Artery
(b) Date of occurrence Jan. 26 1942
(c) Where did injury occur? On side path
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? not here (Specify type of place) fall on
Means of injury

23. Signature Chas. W. Hinkle (M. D. or other) Feb 19 1942
Address Sedalia Date signed

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

10
6
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-12-42

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.....

P. O. Address.....

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.