

S. No. 2
4-13-40
7-5-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10504

FILED APR 10 1942
Registration District No. 163

Primary Registration District No. 5232

Registrar's No. 14

220
000

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

1. PLACE OF DEATH:
(a) County CEDAR
(b) City or town RURAL CEDAR TWP
(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 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CEDAR 020
(c) City or town RURAL 0
(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. 0 years.

3. (a) PRINT FULL NAME NANCY ADALINE SMITH
(b) If veteran, name war
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1942 hour 2 minute P M.
21. I hereby certify that I attended the deceased from
3-4-1942, to 3-6-1942
that I last saw her alive on 3-6-1942
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, widowed
6. (c) Age of husband or wife if alive DECO years
7. Birth date of deceased February 18 1858
(Month) (Day) (Year)

Immediate cause of death
Pulmonary tuberculosis yrs

8. AGE: Years 84 Months 0 Days 19 If less than one day hr. min.

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Wm Boyston Ky 1
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Nancy Ferguson
15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Smith
(b) Address P. S. El Dorado Springs, Mo

17. (a) Burial (b) Date thereof 2-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Love (country)

18. (a) Signature of funeral director Edwin Sanders

(b) Address El Dorado Springs, Mo

19. (a) Mar 7 42 (b) L. D. Dillmon
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Wm B. Richter (M, D) or other
Address Stockton, Mo Date signed 3-12-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7, DIST. HEALTH

District File Number 4-42-329

Date Filed 4-8-42

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 J. B. Sider

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs

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.