

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10643
Registrar's No. 33-

FILED APR 9 1942 217
Registration District No. 1048

Primary Registration District No. 5308

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

1. PLACE OF DEATH:
(a) County Cooper County Mo
(b) City or town Lamine
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Near Blackwater (If outside city or town limits, write "RURAL") 087
(d) Street No. - (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Smith
(b) If veteran, name war -
(c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month mar day 1
year 1942 hour 11:45 AM M.
21. I hereby certify that I attended the deceased from Feb 25 1942 to mar 1 1942
that I last saw her alive on mar 1 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 married
(b) Name of husband or wife F. D. Smith 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased: Aug 18 - 1869
(Month) (Day) (Year)

Immediate cause of death:
Pneumonia Duration 1 day
Influenza 4 days
Due to 330
Other conditions (Include pregnancy within 3 months of death) -

8. AGE: Years 72 Months 6 Days 11 If less than one day hr. min.
9. Birthplace Cooper County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings:
Of operations none
Of autopsy none
PHYSICIAN -
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business -
12. Name Thomas L. Kincheloe
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Betty Gregory
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant F. D. Smith
(b) Address Blackwater Mo
17. (a) Burial (b) Date thereof March 3-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old Lamine
18. (a) Signature of funeral director Goodman & Paller
(b) Address Boonville Mo
19. (a) MAXI-42 (b) Dr Chas Swap (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) no
(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) (c) Means of injury 0
23. Signature J C Beckett MD (M, D, or other)
Address Boonville Mo Date signed 3-2-42

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

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. A. Goodman*

Licensed Embalmer No. 1178

P. O. Address. Boonville, 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.