

FILED APR 13 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 94

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  
604 N. Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 60 yr. 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. 604 N. Washington  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hannah M. Smith

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-12-47

20. DATE OF DEATH: Month March day 7 year 1942 hour \_\_\_\_\_ minute 7:30 P.M.

4. Sex T 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married  
(b) Name of husband or wife Geo. Smith 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Don't know  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 13 1941 to March 7 1942 that I last saw her alive on March 7 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>Don't know</u>			hr. _____ min. _____

Immediate cause of death  
Carcinoma of Breast (Mammary Gland)  
Due to \_\_\_\_\_

9. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

Due to Metastasis  
Other conditions to lived  
(Include pregnancy within 5 months of death)

10. Usual occupation House Wife

Major findings:  
Of operations \_\_\_\_\_ 50  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Don't know  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Smith  
(b) Address 604 N. Washington

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? \_\_\_\_\_

(c) Place: burial or cremation Sedalia, Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director I. Price Alexander  
(b) Address 400 W. Cooper, Sedalia

23. Signature J. R. Maddox (M. D. or other)  
Address 116 1/2 W. Main Date signed 3-9-42

19. (a) 3-9-42 (Date received local registrar) (b) Ima Anna Berger (Registrar's signature)

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

10  
6  
4

153

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-42

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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 Price Alexander*

Licensed Embalmer No. 3572

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.