

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 8 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 273

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 604 E. Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 73 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Selena Smith

(b) If veteran, name war no

(c) Social Security No. no

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Thomas W. Smith

6. (c) Age of husband or wife if alive Dec. 1850 years

7. Birth date of deceased Nov. 24 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Washington County / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wm. B. Burress

13. Birthplace Unknown / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Brown

15. Birthplace Unknown / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Dieterman

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cem.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-10-42 (b) H.W.S. Handley
(Date received local registrar) (Registrar's signature)

984 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 604 E. Madison
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1942 hour 11 minute 15 p.m.

21. I hereby certify that I attended the deceased from March 3 1942 to April 9 1942
that I last saw her alive on April 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Dyspnea

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1310

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Henry K. ... (M.D. or other)

Address 4504 E. ... Date signed 4/10/42

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

9
2
6

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 Walter E. Hamellon

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.

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