

FILED MAY 9 1942

State File No. _____

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Suzann Frazier Smith

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 2 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 5 hr. min.

9. Birthplace Canton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Hugh F. Smith
13. Birthplace Monticello Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice V. Banks
15. Birthplace Gregory Landing Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh F. Smith
(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Apr. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]

(b) Address Canton, Mo.

19. (a) 477 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. 6th and Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1942 hour 2 minute P. M.

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

Immediate cause of death
Bronchopneumonia

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Canton Mo. Date signed 4-8-42

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

5-1-0

781

RECEIVED

District Health Officer No. 10

District File Number 542-932

Date Filed MAY 8 1942

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

Earl A. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14805-

Registration District No. 477

Primary Registration District No. 4286

Registrar's No.

1. PLACE OF DEATH:

(a) County Lewis

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

(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 _____ (Specify whether)

In this community _____ years, months or days Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lewis

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

(d) Street No. 6 S Madison
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Suzanne F Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 7
year 1942 hour 2 minute 7 P.M.

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov - 2 - 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: bronchial pneumonia

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>5</u>	<u>14</u>	<u>min.</u>

Due to: N.M.D

Due to: _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

Other conditions: _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature S. J. [illegible] (M. D. or other) Mo

Address Canton Mo Date signed _____

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

SUPPLEMENTARY

