No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

Registration District No. 836

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6098A

State File No. 15782

Registrar's No. 19

103
1
6

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town (Rural) Bernie 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Grettia Smothers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband ~~or wife~~ M. J. Smothers
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Sept. (Month) 26 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
54	6	24	hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation House-Wife
11. Industry or business
MOTHER FATHER
12. Name Starling Parker
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Ruthie Durham
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant M. J. Smothers
(b) Address Bernie, Mo. R. F. D. #1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill, Mo.
18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Bernie, Missouri.
19. (a) 4-20-42 (Date received local registrar) (b) Cordie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour 10 minute 21 A. M.
21. I hereby certify that I attended the deceased from April 14, 1942 to April 19, 1942 that I last saw her alive on April 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pellagra	
malnutrition	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 69	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature George Schaefer (M. D. or other)
Address Dexter Mo Date signed 4-20-42

1122 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 542-665
Date Filed 5-20-42

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 J E Strickland, Registered Apprentice No. ..... working under my personal supervision.

Signed J E Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.