

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 21 1942

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Linden Mo. Linden, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
Linden Mo. 1 P.R. #8 Decker
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 Yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Linden Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA BELL SMITH

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

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

7. Birth date of deceased December 27th, 1870
 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Henry Kimball

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

14. Maiden name Betty Anderson

15. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Mable Moore

(b) Address Liberty Mo.

17. (a) Burial (b) Date thereof 5/25/72
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John S. Morton

(b) Address North Kansas City, Mo.

19. (a) May 25-48 (b) Ruth N. Henry
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
 year 1942 hour 10:25 minute A M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to May 23rd, 1942
 that I last saw her alive on May 23rd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
 Due to Arterial Hypertension
 Due to _____

Duration Indefinite
many years

Other conditions (Include pregnancy within 3 months of death) Russell C. Fortis

Major findings: Of operations _____
 Of autopsy 94a

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 Russell C. Fortis (M. D. or other)
 Address 1914 Swift Ave Date signed 5/25/42

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

24 00

North Kansas

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-10-42

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.....

Chas E. Hodges

Licensed Embalmer No. 2729

P. O. Address.....

*832 Asmore Road
North N.C. 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.