. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1942

18529

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 566 Primary Registration District No. 5762 Registrar's No. 38

67 0 0

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution: DELMO PROJECT 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 ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67 0 0

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

(d) Street No. DELMO PROJECT
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country NO

3. (a) PRINT FULL NAME EARLINE SMITH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 3

5. Color or race COLOR

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased JUNE (Month) 30 (Day) 1940 (Year)

8. AGE: Years 1 Months 10 Days 1 If less than one day hr. min.

9. Birthplace CHARLESTON (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business INFANT

FATHER 12. Name A. D. SMITH

13. Birthplace STATE OF MISSISSIPPI (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name GEORGIA MAY HARRIS

15. Birthplace PENOLA CO. MISSISSIPPI (City, town, or county) (State or foreign country)

16. (a) Informant SYLVESTER BROOKS

(b) Address CHARLESTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director John F. Nunnelly Jr

(b) Address CHARLESTON, MO

19. (a) 5/6/42 (Date received by local registrar) (b) D. L. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1ST year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from APR 30, 1942 to, 19; that I last saw her alive on APR 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia (Primary)	DK.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
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 E. Chas Folwing (M. D. or other)

Address Charleston Mo Date signed 5/3/42

107. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342 — 632
Date Filed 5-18-42

Body Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.