S. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 12 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23972

Registration District No. 89 — Primary Registration District No. 3007 — Registrar's No. 244

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Wayne 111
(c) City or town: Williamsville 0
(If outside city or town limits, write "RURAL") 0
(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: Ada Smith
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Benton Smith
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: Sept. (Month) 15, (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
37	10	16	hr. min.

9. Birthplace: Salem (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: John Cook
13. Birthplace: Dent County, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Clemsy Ann Reed
15. Birthplace: Dent County, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Benton Smith
(b) Address: Williamsville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem, Missouri
18. (a) Signature of funeral director: Greer Croy Service
(b) Address: Poplar Bluff, Missouri
19. (a) 8-7-42 (Date received local registrar) (b) Bella Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 1 year: 1942 hour: 1 minute: 35 A. M.

21. I hereby certify that I attended the deceased from July 24, 1942, to Aug 1, 1942, that I last saw her alive on Aug 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Tetanus — Duration
Due to: Nail puncture left foot
Due to:
Other conditions (Include pregnancy within 3 months of death):
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): no
(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:

23. Signature: J M Hunsaker (M. D. or other)
Address: Poplar Bluff Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1011
Date Filed 8-10-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.