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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

27237

State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 172

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
108 LEONA St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HENRY 42 1 2
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. 108 - LEONA St.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CORA A. SMITH

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

4. Sex Fl. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife ELMER J. SMITH
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased JAN. (Month) 14 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	13	hr. min.

9. Birthplace CEDAR Co MO. 0
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business ✓

FATHER
12. Name ANDREW DOUGLAS
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SECELIA SPENCER
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer J. Smith
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Good Hope
18. (a) Signature of funeral director H. L. Vansant
(b) Address Clinton Mo.
19. (a) August 28, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) S-X

1069

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1942 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from 8 or 10 Years, 19 to 8/27, 1942 that I last saw her alive on 8/27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardosis	
Due to Tuberculosis Pulmonary	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

13 P

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
23. Signature Ed. C. Peelor M.D. (M.D. or other)
Address Clinton Mo Date signed 8/28/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-42-998
Date Filed 9-10-42

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 H. L. Vancant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.