DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1942

Registration District No. 536

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28351

Primary Registration District No. 6130

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Rural — [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 101

(a) State Missouri (b) County Shannon

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

(d) Street No. Round Springs, Missouri
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Helen Shelby Smith

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

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June (Month) 23 (Day) 1941 (Year)

8. AGE: Years 1 | Months | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Shannon (County) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business "

FATHER
12. Name Benjamin Pleasy Smith
13. Birthplace Shannon (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Daily Mae Thompson
15. Birthplace Shannon (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature [illegible]
(b) Address Round Springs Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 6 (Month) (Day) (Year)
(c) Place: burial or cremation Piatt Cemetery

18. (a) Signature of funeral director None
(b) Address ____

19. (a) 7-6-42 (Date received local registrar) (b) Frank C. Hyde M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1942 hour 6 minute 46 A. M.

21. I hereby certify that I attended the deceased from June 30th, 1942, to July 6th, 1942 that I last saw her alive on July 3rd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arsenic poisoning from fly paper

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

179a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 101
(b) Date of occurrence June 29, 1942
(c) Where did injury occur? Rural — (City or town) Shannon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at grandmother's home (Specify type of place)
While at work? Infant (e) Means of injury ____

23. Signature [illegible] M.D. (M. D. or other) M.D.
Address Salem, Missouri Date signed 7-6-42

744

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 5,
District File Number 94 2840
Date Filed 9-14-42

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.....

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, above space should be left blank.