

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 7 1942

Registration District No. 17

Primary Registration District No. 5076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution:
Eight mile north/east Jasper, Mo.
(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 One year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. Eight mile north east Jasper Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Smith.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed; married, divorced Widowed

6. (b) Name of husband or wife Wallace Smith

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

7. Birth date of deceased Oct. 23 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>81</u>	<u>10</u>	<u>26</u>	_____ hr. _____ min.
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9. Birthplace Jamesport Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name J.A. Grimes

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Eads

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

16. (a) Informant Mrs. Viola Bailey

(b) Address Golden City Missouri

17. (a) Burial (b) Date thereof Sept. 22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawton Okla Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1942 hour 1 minute 40-P. M.

21. I hereby certify that I attended the deceased from 9-1-42
to 9-15-42
that I last saw her alive on 9-17-42
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease (Valvular)

Due to Chronic Nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature W.H. Knott (M. D. or other) _____
Address Jasper, Mo. Date signed 9-16-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1042-1453

Date Filed OCT 6 1942

78D

Handwritten notes:
1042-1453
OCT 6 1942
District Health Officer No. 6
District File Number
Date Filed
Hester
Clemens

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.....

Phas J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29710

Registration District No. 17 Primary Registration District No. 2076 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rockland Twp
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Smith

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

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

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

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

8. AGE: Years 81 Months 10 Days 10 (If less than one day, hr. min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) Sept 19 (b) Mrs. John J. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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.

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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is arranged in several columns and paragraphs, but the characters are too light to be accurately transcribed.]