

Registration District No. 02

Primary Registration District No. 5241

Registrar's No. 70

2000

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

1. PLACE OF DEATH:  
 (a) County Cedar  
 (b) City or town Madison Township-Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: XXXX /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: XXX  
 (Specify whether years, months or days) YXXXXX

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Cedar  
 (c) City or town Madison Township-Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. XXX  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country XXX

3. (a) PRINT FULL NAME Ruth M. Smith

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

4. Sex f / 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Oral L. Smith 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased April 3, 1907 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	5	25	XX hr. XX min.

9. Birthplace XXXXX Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXX

12. Name Walter Newman

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

14. Maiden name W. Z. Zie Rines

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

16. (a) Informant Oral L. Smith

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 9-29-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director W. C. Davis & Co. (b) Address Stockton, Missouri

19. (a) 10-31-42 (b) Mrs. Ethel Church (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1942 hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from 6-8, 1942, to 9-23, 1942

that I last saw her alive on 9-22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic cancer to lungs

Due to Cancer of breast 2 mo 8-9 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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 Wm. B. Richter (M.D. or other) Address Stockton, Mo. Date signed 9-28-42

1298

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1166

Date Filed 11-6-42

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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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.**