

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41259

State File No.

FILED JAN 11 1943

Registration District No. 2.06

Primary Registration District No. 5749

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural Polk 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 Missouri (b) County Madison
(c) City or town Rural Polk Twp
(If outside city or town limits, write "RURAL")
(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 FLORENCE MARIE SMASHE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Divorced, widowed

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

7. Birth date of deceased October 19 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Rural Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Trammann

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

14. Maiden name Francis Smashey

15. Birthplace Rural Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Betty Foley

(b) Address 1932 76 Ave Detroit Mich

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Madison Co Mo

18. (a) Signature of funeral director Stanley H Dixon

(b) Address Friedrich Twp Mo

19. (a) Dec 21 1942 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1942 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 20 1942, to Dec 19 1942 that I last saw him alive on Dec 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic mitral insufficiency

Due to Chronic nephritis

Due to _____

Other conditions Recent attack of lobar pneumonia
(Include pregnancy within 3 months of death)

Major findings of operations 108

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 S. C. Slaughter (M. D. or other) M. D. Address Friedrich Twp Mo Date signed 12-21-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

62
0
0

62
0
0

431

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 149-16

Date Filed 1-8-43

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, fact should be so stated above.