S. No. 2
M—5-42
v. 5-17-39
I X32873

97
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7794

Registration District No. 324 FILED MAY 3 1943

Primary Registration District No. 3072

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Saline [illegible]th

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

(c) Name of hospital ~~or institution~~: Fitzgibbon Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 6 days (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Slater 1
(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 0

3. (a) PRINT FULL NAME Lutie E. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) ~~Single, widowed~~, married, ~~divorced~~ married

6. (b) Name of husband ~~or wife~~ L.A. Smith

6. (c) Age of husband ~~or wife if~~ alive 54 years

7. Birth date of deceased July (Month) 5th (Day) 1895 (Year)

8. AGE: Years 47 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Saline Co. (City, town, or county) Mo. 0 (State or ~~foreign country~~)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name C. M. Mendenhall
13. Birthplace N. C. (City, town, or county) 1 (State or ~~foreign country~~)

MOTHER
14. Maiden name Addie Hayworth
15. Birthplace N. C. (City, town, or county) 1 (State or foreign country)

16. (a) Informant L. A. Smith
(b) Address Slater, Mo.

17. (a) burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-2-'43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Slater, Mo.

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.

19. (a) 3-2-43 (Date received local registrar) (b) Mrs T. O. Weselbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th
year 1943 hour minute A M.

21. I hereby certify that I attended the deceased from June 1931 to Feb. 28 1943
that I last saw her alive on Feb. 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Stenosis	25 yr.
Chr. myocarditis.	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92

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 C. A. McBurney (M.D. or other)
Address Slater, Mo. Date signed 3-1-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 3.
Number
3-5-43

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater, 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.