

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1943

Registration District No. 324

Primary Registration District No. 372

Registrar's No. 33

97
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
407 East Arrow 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 407 East Arrow
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SALLIE G. SMITH

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Robt. E. Smith 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Jan 12 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business ✓

MOTHER FATHER
12. Name James D. Goodwin
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Ann Goodwin
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Smith
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Feb 4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem

18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall Mo

19. (a) Feb 4-43 (b) Wm T. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Jan 30 to Feb 2 1943 that I last saw her alive on Feb 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 hrs

Due to _____
Due to _____

Other conditions Diabetes Mellitus 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 61

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work at home (Specify type of place) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Marshall Mo Date signed 2/3/43

1210

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-5-43

Handwritten notes:
J. W. Campbell
Marshall, W. Va.
The above named person is
the registered apprentice
of the undersigned.

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 _____

Handwritten signature: R. W. Campbell
Handwritten number: 3469

Licensed Embalmer No. _____

P. O. Address _____

Handwritten address: Marshall, W. Va.

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.