

7. S. No. 2
FORM-5-42
Rev. 5-17-43

9915

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 30 1943 59

Registration District No. _____

Primary Registration District No. 5227

Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Cass
(b) City or town: Harrisonville
(c) Name of hospital or institution: 1
(d) Length of stay: 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cass
(c) City or town: Harrisonville (Rural)
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: LOIS MARIE SMITH

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

4. Sex: Female 5. Color: White 6. (a) Single, widowed, married, divorced: Single

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

7. Birth date of deceased: Dec 26 1937

8. AGE: Years: 5 Months: 2 Days: 17 If less than one day: _____ hr. _____ min.

9. Birthplace: Cass Co Mo

10. Usual occupation: Child

11. Industry or business: _____

12. Name: Walter Lee Smith

13. Birthplace: St Clair Co Mo

14. Maiden name: Marie Hays Blaser

15. Birthplace: Cass Co Mo

16. (a) Informant: Walter Lee Smith

(b) Address: Harrisonville Mo

17. (a) Burial: Friend Cemetery (b) Date thereof: 3-14-43

18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO

19. (a) March 14 1943 (b) Margaret Valle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 12 year: 1943 hour: 6:20 minute: A M.

21. I hereby certify that I attended the deceased from March 11 to March 12 1943 that I last saw him alive on March 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Menigeoococcus meningitidis
Due to: Cerebrospinal Afebr

Duration: 36 hrs

Other conditions: 6
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work: _____ (Specify type of place)
(c) Means of injury: _____

23. Signature: [Signature]
Address: Harrisonville Mo Date signed: 3/13/43

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

1900

10

1041

(Licensed Embalmer's Statement on Reverse Side)

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:.....

Ernest Rimmnburger

Licensed Embalmer No.

3368

P. O. Address.....

Harrisonville 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.