

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 10 1943
Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **49**

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Levering Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital 1 week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertie L. Smith
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** 2 divorced Widowed
6. (b) Name of husband or wife A. L. Smith **6. (c) Age of husband or wife if** alive _____ years
7. Birth date of deceased June 22 1873
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		69	7	24	hr. _____ min.

9. Birthplace Ralls County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER { **12. Name** Madison Wilson
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Nelson
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Madison Wilson
(b) Address New London Mo

17. (a) Burial **(b) Date thereof** 2-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New London Mo

18. (a) Signature of funeral director Robert K. Niles
(b) Address Center Mo

19. (a) 2-17-43 **(b) R. H. Connor**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ralls
 (c) City or town New London
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 16
 year 1943 hour 11 minute 50p M.

21. I hereby certify that I attended the deceased from Feb 10 1943
 to Feb 16 1943
 that I last saw her alive on Feb 16 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
 Due to Chronic myocarditis

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
 Due to _____

Major findings: 93d
 Of operations _____
 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) (a) Means of injury _____
28. Signature R. H. Connor (M. D. _____)
 Address Hannibal Mo Date signed 2/17/43

Duration 30 days
57-
27-
PHYSICIAN

 Underline the cause to which death should be charged statistically

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 Giles R. Hulce

Licensed Embalmer No. 3356

P. O. Address Carter Md

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, above space should be left blank.