

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17568**

FILED MAY 20 1943

Primary Registration District No. **3011**

Registrar's No. **50**

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

1. PLACE OF DEATH:

(a) County Carrow

(b) City or town Carrow

(c) Name of hospital or institution:
312 East Third Street

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 70 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carrow

(c) City or town Carrow Mo.

(d) Street No. 312 East 3rd Street

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MOURNING MARIA-SMART

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Apr 1-4 that I last saw him alive on Apr 27-28 and that death occurred on the date and hour stated above.

5. Color or race White

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

6. (b) Name of husband or wife Samuel Smart

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov 19 1863

Immediate cause of death Metrol Angina pectoris

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>5</u>	<u>6</u>	hr. _____ min. _____

Due to 7 acting compensation

9. Birthplace Ill. 1

Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Emis Christy

13. Birthplace Ill. 1

14. Maiden name Martha Jean Ruddle

15. Birthplace Ill. 1

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN 92 f

Underline the cause to which death should be charged statistically.

16. (a) Informant Susan M. Walden

(b) Address 312 E. 3rd St. Carrow Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-43

(c) Place: burial or cremation Walden Cemetery

18. (a) Signature of funeral director Willie Marshall

(b) Address Carrow Mo.

19. (a) 1-24-43 (Data received local registrar) (b) Marjames Rafferty (Registrar's signature)

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? _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed Apr 24 43

8-15-43

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 Myself

..... Registered Apprentice No.
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.