

No. 2
-1-4-41
-5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20747

State File No.

FILED JUL 2 1943

Registration District No.

Primary Registration District No. 4024

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Purdy: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles SouthEast
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Myrtle Agnes Smith

20. DATE OF DEATH: Month May day 16
year 1943 hour 4 minute 30 P.M.

3. (b) If veteran, name war None 3. (c) Social Security No.

21. I hereby certify that I attended the deceased from May 15
1943 to May 16 1943;
that I last saw her alive on May 16 1943;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Newton Smith 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased February 24 1892
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure
Due to Mitral Stenosis and insufficiency with

8. AGE: Years Months Days If less than one day
51 51 2 21 hr. min.

Due to 92 lb

9. Birthplace Cape Farr Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____ Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Siegel Bowman
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mc Cracken
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Newton Smith
(b) Address Rte 1. Purdy, Mo

17. (a) Funeral (b) Date thereof 5 - 20 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frederick Cemetery

18. (a) Signature of funeral director W. D. Koon

(b) Address Cassville, Missouri

19. (a) May 27 - 43 (b) Grace Williams
(Date received local registrar) (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? (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) (e) Means of injury _____

23. Signature Grace Williams (M. D. or other) _____
Address Cassville, Mo. Date signed _____

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

1097

RECEIVED

District Health Officer No. 6

District File Number 643-751

Date Filed JUN 29 1943

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.....

Licensed Embalmer No. 3220

P. O. Address. Cassville, 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.