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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21078

State File No.

Registrar's No.

Registration District No. 59

Primary Registration District No. 5232

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Peculiar (Rural)
(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.? 0 years.

3. (a) PRINT FULL NAME CORA MAY SMITH

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

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

(b) Name of husband or wife Sam E. Smith 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug 31 1898
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 14 If less than one day _____ min.

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

10. Usual occupation Home-maker

11. Industry or business _____

12. Name Louis Marion David

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Kellner

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Smith

(b) Address Rural Peculiar

17. (a) Burial (b) Date thereof 6-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar Cemetery

18. (a) Signature of funeral director RUNNENRIJGER'S

(b) Address HARRISONVILLE, MO

19. (a) June 17, 1943 (b) Margaret Walker
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 10:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 14 to June 14, 1943, that I last saw him alive on June 14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of Coronary Artery
Due to Arteriosclerosis
Due to _____

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

Major findings: 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 _____

23. Signature J. E. H. Walker (Name of other) _____

Address Marysville Mo Date signed 6/17-43

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

19
00
0

19
0
0

Duration
Sudden
3 yrs
10 yrs
PHYSICIAN
Underlines the cause to which death should be charged statistically.

APR 24 1945

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. 3368

P. O. Address Harrisonville

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.