

FILED JUL 7 1943 16

Primary Registration District No. 3061

Registrar's No. 72

1. PLACE OF DEATH: **Flat River Mo.**
 (a) County **St Francois Co Mo.**
 (b) City or town **Flat River Mo.**
 (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 _____
 In this community **Life Time**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St Francois**
 (c) City or town **Flat River Mo.**
 (d) Street No. _____
 (e) Citizen of foreign country? **No**
 If yes, name country _____

3. (a) PRINT FULL NAME **Stella Maet Smith**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, divorced, **Married**

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

7. Birth date of deceased: **March 1st 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	3	24	hr. _____ min.

9. Birthplace **Madison Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **House Keeper**

MOTHER FATHER {
 12. Name **John F Stacey**
 13. Birthplace **Madison Co. Mo**
 14. Maiden name **Elizabeth London**
 15. Birthplace **Madison Co, Mo**

16. (a) Informant **Lee Stacey**

(b) Address **Farmington Mo.**

17. (a) **Burial** (b) Date thereof **6 27 43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wood Lawn Leadington MO**

18. (a) Signature of funeral director **Sparks Funeral Home**

(b) Address **Flat River MO.**

19. (a) **June 27-1943** (b) **Syndie Buhmester**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**
year **1943** hour **2** minute **P** M.

21. I hereby certify that I attended the deceased from **June 1 1943** to **June 25 1943**
that I last saw her alive on **June 25 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer - uterus -**

Due to _____

Due to _____

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

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? _____

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature **F.W. Zuppan** (M.D. or other) **2/20**

Address **Flat River Mo** Date signed **6/29/43**

Duration **6-8 months**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

94

1196

RECEIVED

District Health Officer No. 4
District File Number 743-23
Date Filed 2-6-43

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.....

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

Signed

Ernest Sparks

Licensed Embalmer No. 4287-

P. O. Address Flat Rues Me

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.