

S. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24279

State File No.

Registrar's No.

FILED AUG 7 1943

Registration District No. 30

Primary Registration District No. 5102

21

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw (Rural) Frisco
(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 all life years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Vance Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1943 hour 10 minute 10 P.M.

4. Sex FEMALE

5. Color or race w

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 2 15 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25 1943 to June 26 1943
that I last saw her alive on June 24 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>4</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Gastric Carcinoma 2 yrs

Duration _____

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

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions Ch. myocarditis 8 yrs.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name James H Vance

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

14. Maiden name Sarah Langford

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 468
Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Gibson

(b) Address Warsaw, Mo

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

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Gilbert R. ...

(b) Address Warsaw, Mo

19. (a) 7/2/43 (b) Jas W. Logan
(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? _____

While at work _____ (Specify type of place) _____ (Means of injury)

23. Signature James S. Logan (M. D. or other) Mo

Address Warsaw Mo Date signed 6/25/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 7-43-727

Date Filed 8-4-43

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, W. Va.

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.