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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED AUG 12 1948

Registration District No. 267

Primary Registration District No. 3048

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Madawson

(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 1 week
(Specify whether)

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawson

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

(d) Street No. 'Turning Home' 1120 N. Main
(If rural, give location)

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

3. (a) PRINT FULL NAME Ellen Curtin Smith

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 43 hour minute 10 P M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 1. Perry Lynch Deceased
2. James Smith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb - 18 - 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5, 1943 to July 16, 1943
that I last saw him alive on July 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration
Arteriosclerosis
Acute cystitis

8. AGE: Years 85 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Virginia Curtin

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

14. Maiden name Unknown Sturgeon

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

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

16. (a) Informant Mr. Frank Raynor

(b) Address Elmwood Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Guilford Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Marionville Mo

19. (a) 7-31-43 (b) Alice Barber
(Date received local registrar) (Registrar's signature)

Major findings: 35a

Of operations

Of autopsy

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

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 J. M. Boyles (M. D. or other)

Address Marionville Date signed 7-21-43

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

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Maupville 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.