

25670

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

S. No. 2
M-5-42
7-5-17-39
X3207

FILED JUL 17 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 105

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
 (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 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 307 East 4th (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Nancy A. Smith
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2
 year 1943 hour 12 minute 30 P. M.

4. Sex female 5. Color white 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife W.A. Smith (c) Age of husband or wife if alive 19 years 1866 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22, 1943, to July 2, 1943, that I last saw her alive on July 2, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 7 13 hr. min.

Immediate cause of death Angina Pectoris
 Due to Coronary sclerosis
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 94
 Major findings: Of operations.....
 Of autopsy.....

9. Birthplace Roseville Ill (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

11. Industry or business.....
 12. Name Hames F. Taylor
 13. Birthplace Roseville Ill (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Sterling
 15. Birthplace Roseville Ill (City, town, or county) (State or foreign country)

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) (c) Means of injury None

16. (a) Informant Mrs. John Nutz
 (b) Address Maryville Mo
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Miriam cemetery

23. Signature H. M. Wallis (M. D. or other)
 Address Maryville Mo Date signed 7-5-43

18. (a) Signature of funeral director Price Funeral Home
 (b) Address Maryville Mo
 19. (a) 7-6-43 (Date received local registrar) (b) Mary Coile (Registrar's signature)

136 (Licensed Embalmer's Statement on Reverse Side)

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

74
32

74
1
21
8
0

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

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..... *W. M. L. Gee*

Licensed Embalmer No. *2539*

P. O. Address *Marionville 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.