S. No. 2
I—9-4-41
5-17-39
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FILED AUG 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25823

Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 93

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Rural (Liberty Ts.)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85
(a) State Missouri (b) County Pulaski 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Susan Toleta Smith

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Smith
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased June 22, 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Pulaski County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business At home
FATHER
12. Name James L. Bates
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Lucy Carmakk.
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Joseph Smith
(b) Address Swedeborg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cem.
18. (a) Signature of funeral director J. LL. Hoops & Sons.
(b) Address Crocker, Mo.
19. (a) 9-5-1943 (Date received local registrar) (b) Chas M. Codd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 29, 1943, to June 22, 1943
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonitis, chronic	20 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

127 b

Major findings:
Of operations none
Of autopsy none

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. Mallett (M. D. ~~or other~~)
Address Crocker Mo. Date signed 8-4-43

1170 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 8-43-92
Date Filed 8-9-43

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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.