

13-40
FILED

Registration District No. 153

Primary Registration District No. 4297

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Purdin
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58

(a) State Missouri (b) County Linn

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sarah E. 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 Jas. Smith

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased May 21 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Frank Browning

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

14. Maiden name Johnson

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

16. (a) Informant Mrs. J. J. Hesel

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof Aug 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Thomas A. Dyer

(b) Address Linneus, Missouri

19. (a) Aug 25 1943 (b) Mrs. C. Wood
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st.
year 1943 hour 7 minute 20 a. M.

21. I hereby certify that I attended the deceased from June 12, 1943, to August 21, 1943
that I last saw her or alive on Aug 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke Duration 3 day

Due to _____

Due to 107

Other conditions: Cerebral Sclerosis 6 mo
(Include pregnancy within 3 months of death)

Major findings: _____

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)

(e) Means of injury _____

23. Signature J. P. Martin (M. D. or other) _____

Address Browning, Missouri Date signed 8/23

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.....

David A. Taylor

Licensed Embalmer No.....

3761

P. O. Address.....

Linneus, 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.