

LD OCT 7 1943

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution X  
In this community most of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 033  
(c) City or town Salem  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Rhoda Lorraine Smullen

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

4. Sex female 5. Color or race W  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife C.M. Smullen  
6. (c) Age of husband or wife if alive 8 years  
7. Birth date of deceased Mar 14 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business X  
12. Name James Vance  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Carroll  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertude Gaines  
(b) Address Salem Mo

17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Short Cem.  
18. (a) Signature of funeral director Charles Lachs  
(b) Address Salem Mo

19. (a) 9-14-43 (b) for D Mc Leedy was  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11  
year 1943 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-9  
1943, to 9-11 1943  
that I last saw her alive on 9-12-43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature Charles Lachs (M. D. or other) D.O  
Address Salem, Mo. Date signed 9-13-43

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

MOTHER FATHER

1177

D.

RECEIVED

District Health Officer No. 5,

District File Number. 1043588

Date Filed .....

**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 Carl K. Spencer

Licensed Embalmer No. 2370

P. O. Address Salem 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.**