

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

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FILED OCT 13 1943 228
Registration District No. 228

Primary Registration District No. 5808

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: Home / Bone Creek Jc
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Bellflower (rural)
(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 _____

3. (a) PRINT FULL NAME Sarah Lee Smith.

3. (b) If veteran, name war None

3. (c) Social Security No. N one

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased sept 23 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Bellflower Mo. (Rural)
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Otis Frank Smith

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

14. Maiden name Sadie Ann Anderson.

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

16. (a) Informant Otis Frank Smith

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof Sept 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Clara A Jones

(b) Address Bellflower Mo.

19. (a) Sept 29-43. (b) L. Jeffries
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1943 hour 6 minute 15 PM.

21. I hereby certify that I attended the deceased from sept 23 1943, to sept 25 1943, that I last saw her alive on sept 25 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pr. m. T. u. Birch

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 159

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 Willie J. Walls (M. D. or other) no

Address Wacoville Date signed Sept 26 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.

not Embalmed.

Signed.....

Charles A. Jones

Licensed Embalmer No. 2978

P. O. Address. Bellflower 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.