

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32338**

Registration District No. **291**

Primary Registration District No. **4432**

Registrar's No. **75**

1. PLACE OF DEATH:

(a) County **Putnam**

(b) City or town **Lucerne, Mo.**
(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 **53 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Putnam**

(c) City or town **Lucerne, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Amanda J. Smith**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **William Smith**

6. (c) Age of husband or wife if alive **18** years

7. Birth date of deceased **May 18 1854**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	3	29	hr. min.

9. Birthplace **Mt. Pleasant Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Myrtle Duncan**

(b) Address **Lucerne, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-17-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Lucerne, Mo.**

18. (a) Signature of funeral director **Marion Funeral Home**

(b) Address **Princeton Mo**

19. (a) **Sept 16 1943** (Date received local registrar's certificate)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15th** year **1943** hour **1** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **May 1** 19**43** to **Sept 15** 19**43**
that I last saw her alive on **Sept 15** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory failure**
Cardiomyopathy of right lung.

Duration

Due to **47d**

Other conditions **47d**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **47d**

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 **G. H. Dale** (M. D. or other)

Address **Newtown, Mo.** Date **9/16/43**

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

NOV 19 1948

NOV 17 1948

RECEIVED

District Health Officer No. 10

District File Number 10-43-1708

Date Filed OCT 11 1943

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

H. J. Martin

Licensed Embalmer No. 3760

P. O. Address Pineville, 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.