

State File No. ....

Registrar's No. ....

Primary Registration District No. ....

5037

140

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

FILED NOV 5 1943  
X32873  
F

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico rural  
(c) Name of hospital or institution: H.F.D 7 / Salt River Jump  
(d) Length of stay: In hospital or institution 90 yrs  
In this community 90 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain  
(c) City or town Mexico, rural  
(d) Street No. H.F. D. 7  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Emaline G. Smith

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 1848  
(Month) (Day) (Year)

8. AGE: Years 95 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business Unknown

MOTHER FATHER { 12. Name \_\_\_\_\_ 13. Birthplace \_\_\_\_\_

14. Maiden name \_\_\_\_\_ 15. Birthplace \_\_\_\_\_

16. (a) Informant Forest Noel (b) Address Mexico, Mo

17. (a) Burial (b) Date thereof Oct 15, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Charles Arnold Jr  
(b) Address Mexico, Mo

19. (a) 10/15/43 (b) Margaret Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14  
year 1943 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Old age and Complication by natural causes  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Died at her home  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature E. S. Hammon (Physician)  
Address Mexico, Mo Date signed 10-15-43

RECEIVED

District Health Officer No. 10

District File Number 11-43-1733

Date Filed NOV 3 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 Emeritt R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.