

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

34516
Do not use this space.

FILED NOV 5 1943

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 84
 (b) Township Roller Primary Registration District No. 4147 Registered No. 21
 (c) City Brunston (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELLEN-AGUSTA Smith

(a) Residence, No. Brunston - Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chris Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>3</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Oct 1, 1942 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Zealand

FATHER

13. NAME Christian Brauder
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Sarah Hilshier
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Chris Smith
Brunston Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brunston DATE Oct 3 1943

19. FUNERAL DIRECTOR (ADDRESS) L. H. Parker
Brunston Mo

20. FILED Oct 5 1943 Wm. W. Robins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1943 to Sept 30 1943
 I last saw her alive on Sept 28 1943 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Hypertension of right ventricle
3 weeks standing
83d
 Date of onset _____

Other contributory causes of importance:
chronic bronchitis & emphysema - had been in failing health more than a few weeks
 Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify _____
 (Signed) W. H. Elrod, M. D.
 (Address) Brunston Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11-4-43

STATEMENT BY LICENSED EMBALMER

I, L. G. Parker, Licensed Embalmer No. 25-47

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed L. G. Parker

Licensed Embalmer No. 25-47

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.)