

LED NOV 15 1943 274

Registration District No. _____

Primary Registration District No. 4407

Registrar's No. 310

1. PLACE OF DEATH
(a) County Putnam
(b) City or town La Monte
(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 _____ (Specify whether _____)
In this community 2 1/2 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Putnam
(c) City or town La Monte 080
(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 Elsie Bell Smiley
3. (b) If veteran, name war _____
3. (c) Social Security No. 486-07-0370

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 27 year 43 hour 3 minute 45 A.

4. Sex F 5. Color or race W 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 8 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1943 to Sept 27, 1943
I last saw her alive on Sept 22, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 1 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma Liver
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
468

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

10. Usual occupation Switch Board Operator

11. Industry or business _____

12. Name Wm Alexander Smiley

13. Birthplace Buffalo Penn
(City, town, or county) (State or foreign country)

14. Maiden name Malinda Anna Work

15. Birthplace Buffalo Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Ed. Eubank

(b) Address Washington Ave

17. (a) Amial (Burial, cremation, or removal) (b) Date thereof Sept 29-43
(Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo

18. (a) Signature of funeral director H. Walker

(b) Address Houstonia

19. (a) 9-29-43 (Date received local registrar) (b) Mo Anna Berger (Registrar's signature)

PHYSICIAN
Major findings: Carcinoma Liver
Of operations _____
Of autopsy _____
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 W.E. Walker (M. D. or other) M.D.
Address La Monte Mo Date signed 9-28-43

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

8000

1022

RECEIVED

District Health Officer No. 14

District File Number

11-2-43

Date Filed

AUG 18 1958

APR 21 1958

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. H. Smiley*

Licensed Embalmer No. *3987*

P. O. Address. *Houstonia 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.