

Registration District No. 184

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County... Linn
(b) City or town... Brookfield
(c) Name of hospital or institution: The Karnes
(d) Length of stay: In hospital or institution... 4 days
In this community... Rothville Community
years, months or days... 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Chariton
(c) City or town... Rothville (Rural) 0
(d) Street No... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country... 1

3. (a) PRINT FULL NAME

Gona E. Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased

MARCH 23 1882
(Month) (Day) (Year)

8. AGE:

Years Months Days If less than one day
61 7 12 hr. min.

9. Birthplace

Chariton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Frank H. Buck

13. Birthplace

Knox Co Ill
(City, town, or county) (State or foreign country)

14. Maiden name

Addie Patter

15. Birthplace

BURCAU Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant

Jay Buck

(b) Address

Rothville Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

11-7-43
(Month) (Day) (Year)

(c) Place: burial or cremation

Rothville Mo

18. (a) Signature of funeral director

L. Shepard

(b) Address

Mendon Ill

19. (a)

11-6-1943
(Date received local registrar)

(b)

J. H. Carran
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1943 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 126
1943 to Nov 4 1943
that I last saw her alive on Nov 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 4 days
Due to Cerebral tumor don't know

Due to

Other conditions (Include pregnancy within 3 months of death)
U. G. Buck & John J. McLonney

Major findings:
Of operations 0

Of autopsy 0

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? _____
(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 0

23. Signature U. G. Buck (M. D. or other) M.D.
Address Rothville Mo Date signed 11-5-43

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

MOTHER FATHER

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.....

Licensed Embalmer No. *3970*

P. O. Address *Wendover 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. hlec.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Doc Darneys Hosp.
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 4 da. (Specify whether
 In this community Life years, months or days)

3. (a) PRINT FULL NAME Cora E. Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased mar. 23 - 1888
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration _____

Due to Cerebral tumor probably benign
 Due to _____

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

Major findings: Of operations _____

Of autopsy: None

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) (c) Means of injury _____

23. Signature H. G. Buek (M. D. or other) _____
 Address Rothville MO Date signed 12-21-43

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

SUPPLEMENTARY

38640