

FILED JAN 10 1944

Registration District No. 02

Primary Registration District No. H108

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
XXXXXXXXXX /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether  
In this community XXX years, months or days) (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Tillie Jane Smith

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife J. N. Smith

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

7. Birth date of deceased Sept. 21, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 2 8 XXXX min.

9. Birthplace Cedar County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXXX

MOTHER { 12. Name Thomas W. Jones

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

14. Maiden name Elizabeth Harrison

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

16. (a) Informant Willa Hembree

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Wagoner

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 1-3-44 (Date received local registrar) (b) Mrs. Ethel C. Husk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

(c) City or town Stockton, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. XXX  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29<sup>th</sup> year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 1 1943, to Nov. 29 1943  
that I last saw her alive on Nov. 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chronic

Duration 3 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 131 h

Of operations \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature J. F. Leore (M.D. or other) \_\_\_\_\_

Address Stockton, Mo. Date signed 12-2-43

RECEIVED

District Health Officer No. 7,

District File Number 12-43-145-6

Date Filed 1-6-44

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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 Melvin Churchill  
Licensed Embalmer No. 3272  
P. O. Address Stockton 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.