

FILED JAN 10 1944
189

State File No.

Registrar's No. 12

Registration District No. 189

Primary Registration District No. 5701

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Utica
Shaver 100

(c) Name of hospital or institution:
General Delivery-Utica, Missouri.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 85 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

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

(d) Street No. General Delivery Utica, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Susana Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife John Smith

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

7. Birth date of deceased March 10 1829
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>114</u>	<u>9</u>	<u>13</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Henry Trent

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

14. Maiden name Unknown

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

16. (a) Informant Mrs John Gudgell

(b) Address Utica, Missouri.

17. (a) Burial (b) Date thereof 12-26-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica, Missouri.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) 12-26-43. (b) Joela Romeser.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd.
year 1943 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from Dec 21 1943 to Dec 23 1943
that I last saw him alive on Dec 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Zza

Major findings:
Of operations

Of autopsy

Duration 1 wk

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) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed [Signature]

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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.....

..... E. R. Norman, Registered Apprentice No.
working under my personal supervision.

Signed E. R. Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri

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.