

FILED FEB 8 1944

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

4590

Do not use this space.

1. PLACE OF DEATH

(a) County SALINE Registration District No. 323
 (b) Township SALT POND Primary Registration District No. 4474
 (c) or City SWEET SPRINGS (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY FRANCIS SMITH

(a) Residence, No. SWEET SPRINGS 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 5, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
61 11 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE KEEPER
 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) DEC. 1943 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALINE Co Mo

13. NAME ELI B. SMITH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BARTON Co Mo

15. MAIDEN NAME LAURA RATHROCK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. CAR. N.C.

17. INFORMANT (ADDRESS) Mrs. Chloe Scott Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Home DATE 1-20, 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. C. Carter Sweet Springs Mo

20. FILED Jan 19, 1944 Mrs. Dora Hoffmann Lic'd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18, 1944

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to Jan 18, 1944
 I last saw h. et alive on Jan 18, 1944 Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral stenosis Date of onset ?

Other contributory causes of importance: Sclerosis of liver ?

Name of operation no closed Date of ?

What test confirmed diagnosis? chest 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? no

If so, specify _____

(Signed) A. B. Putnam, M. D.

(Address) Marshall Mo 1/18

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

2-4-44

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.....

R. C. Carter

Licensed Embalmer No.....

3513

P. O. Address.....

San Francisco, Ca.

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, above space should be left blank.