

002

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

1. PLACE OF DEATH Webster

(a) County _____

(b) City or town RURAL - EAST DALLAS
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Webster ¹¹²

(c) City or town RURAL EAST DALLAS ⁰
(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 _____ ⁰

3. (a) PRINT FULL NAME CALLIE DONA SMITH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4
year 1944 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 1/3 1944 to 1/4 1944
that I last saw her alive on 1/3/44 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White

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

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

7. Birth date of deceased APRIL 3 1860
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Duration _____

8. AGE: Years 83 Months 9 Days _____ If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name THOMAS SIMPKINS

Major findings: _____
Of operations _____

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

Of autopsy _____

14. Maiden name SYNTHA GERMAN

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

16. (a) Informant ROBERT SMITH

(b) Address FORZANA, MO.

17. (a) BURIAL (b) Date thereof JAN 6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STEWART CEM.

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? _____

18. (a) Signature of funeral director Kelley Ferrell

(b) Address FORZANA

While at work? _____ (Specify type of place)
(e) Means of injury _____

19. (a) Jan 19 1944 (b) Lucie O. Beach
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Blinn (M. D. or other) D.O.
Address Forzana, Mo. Date signed 1/18/44

1041

RECEIVED

District Health Officer No. 6,

District File Number 244-183

Date Filled FEB 11 1944

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.....

This Body not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No.....

P. O. Address.....

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.