S. No. 2
I—9-4-41
. 5-17-39
I X29484

46
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7338

State File No. 25 (26)

Registration District No. FILED MAR 17 1944 Primary Registration District No. 5554 Registrar's No.

1. PLACE OF DEATH:

(a) County Howell Twp.
(b) City or town Pomona, Mo Rt 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spring Creek Inn
(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 Mo (b) County Howell 46
(c) City or town Pomona 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Jane 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 Jas D. Smith
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan 12 - 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	17	hr. ..... min.

9. Birthplace Phelps Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name R.B. Parker
13. Birthplace ..... (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name Louisa Hilton
15. Birthplace ..... (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Mary Wilson
(b) Address Pomona Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 10/31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion
18. (a) Signature of funeral director Robert ns
(b) Address West Plains Mo
19. (a) 7-6-44 (Date received local registrar) (b) Earl Hadley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 43 hour 7 minute 00 9 M.
21. I hereby certify that I attended the deceased from 1/25, 1943 to 1/29, 1944 that I last saw her alive on Jan 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic Regurgitation	10 yrs
Due to	
Due to Chr Interstitial nephritis	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature Marvell Thompson (M. D. or other) MD
Address West Plains Mo Date signed .....

1121 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 5
District File Number 3 44169
Date Filed 3-6-44

668

20

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 P. D. Roberts

Licensed Embalmer No. 3435

P. O. Address West Haven, N

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.