

FILED APR 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10652

Registration District No. 61

Primary Registration District No. 5236

State File No. _____

Registrar's No. 17

1. PLACE OF DEATH: Cedar
 (a) County Cedar
 (b) City or town Rural Box Township
 (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 _____ (Specify whether _____)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County Cedar
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. Box Township
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROSEANNA A SMITH
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 6
 year 1944 hour 6 minute 9 M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

21. I hereby certify that I attended the deceased from Nov 19 1943 to Mar 6 1944
 that I last saw her alive on Feby 29 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept 18 1872
 (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
 Duration _____

8. AGE: Years Months Days If less than one day
71 5 18 hr. min.

Due to _____
 Due to _____

9. Birthplace Ill 1
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name J. B. Keith
 13. Birthplace Ill 1
 (City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH KENNEDY
 15. Birthplace Ill 1
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Euro Smith
 (b) Address Gen Del Edwards Spring Mo

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

17. (a) Burial (b) Date thereof 3-17-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Keith Cemetery, Douglas Co Mo

23. Signature: [Signature] (D. or other) Do.
 Address Edwards Spring Mo Date signed 3-24

18. (a) Signature of funeral director Thorn-Siders
 (b) Address Edwards Spring Mo
 19. (a) 3/17/44 (b) L. L. [Signature]
 (Date received local registrar) (Registrar's signature)

1046 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 3-44-488

Date Filed 4-12-44

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 W. D. Gevin

Licensed Embalmer No. 2094

P. O. Address E. Doan's Building

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.