

FILED APR 27 1944

Registration District No. **192**

Primary Registration District No. **4134**

1. PLACE OF DEATH:

(a) County **Smithville, Mo.**
(b) City or town **Smithville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Smithville Community Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community **22 years**
years, months or days

3. (a) PRINT FULL NAME **Hattie Rachel Underwood**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Paul Underwood** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 23, 1888**
(Month) (Day) (Year)

8. AGE: Years **55** Months **3** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Manchester, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER { 12. Name **Wes Forsythe**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace _____

16. (a) Informant **Mrs. Goldie Reed** (Specify type of place)

(b) Address **Smithville, Mo.**

17. (a) **Burial** (b) Date thereof **4-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithville, Mo.**

18. (a) Signature of funeral director **Paul Capras**

(b) Address **Smithville, Mo.**

19. (a) **Apr 11 - 1944** (b) **Paul N Henry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clay**
(c) City or town **Smithville, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Apr.** day **4**
year **1944** hour **6:** minute **0** A. M.

21. I hereby certify that I attended the deceased from **March 9**
19 **44** to **April 4**, 19 **44**;
that I last saw him _____ alive on _____, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Stomach

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **H6**

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? _____

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

23. Signature **Paul N Henry** (M. D. or other) **MD**
Address **Smithville, Mo** Date signed **4-8-44**

RECEIVED

Coroner Health Officer No. 8.

Case File Number

Date Filed

1-25-44

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 *S. R. McComas*

Licensed Embalmer No. *2303*

P. O. Address *Smithville,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.