

FILED MAY 5 1944

Registration District No. 100

Primary Registration District No. 4177

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkston Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Clarkston City 35
(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 _____

3. (a) PRINT FULL NAME Ida Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22
year 1944 hour 11 minute 9 A.M.

21. I hereby certify that I attended the deceased from March 3
1944 to March 4, 1944
that I last saw him alive on March 21, 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 Married

6. (b) Name of husband or wife Char Smith 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 4 1884
(Month) (Day) (Year)

Immediate cause of death Exhaustion & respiratory failure

Due to Chronic Arthritis of 3 yrs duration

Duration _____

8. AGE: Years 59 Months 10 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Geo. Harwood

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

14. Maiden name Sarah Roberts

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

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

Major findings: Of operations None 59k

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Char Smith

(b) Address Clarkston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23-44
(Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) — TCU

(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 Lambert & Son

(b) Address Campbell Mo.

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

19. (a) March 22, 1944 (Date received local registrar) (b) L. D. Dunn (Registrar's signature)

23. Signature J. A. Shuman (M. D. or other) 002

Address Clarkston, Mo. Date signed 3-22-44

RECEIVED

District Health Office No. 2,

District File Number 44-645

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.....

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.