

FILED JUN 5 1944

Registration District No. 25

Primary Registration District No. 4036

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

1. PLACE OF DEATH: **BATES Co.**

(a) County **BATES Co.**

(b) City or town **RICH HILL**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **HOME**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **LIFE**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Bates**

(c) City or town **RICH HILL**
(If outside city or town limits, write "RURAL")

(d) Street No. **322 AND CHESTNUT**
(If rural, give location)

(e) Citizen of foreign country? **—** (Yes or No)
If yes, name country **—**

3. (a) PRINT FULL NAME **DORA JOSEPHINE 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 **HENRY SMITH**

6. (c) Age of husband or wife if alive **December**

7. Birth date of deceased **FEB 14 1873**
(Month) (Day) (Year)

8. AGE: Years **71** Months **3** Days **8**
If less than one day hr. _____ min. _____

9. Birthplace **Rich Hill Mo. (Rural)**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business _____

MOTHER FATHER

12. Name **JEFF DUNSWORTH**

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

14. Maiden name **ELIZA DANIEL**

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

16. (a) Informant **MIKE SMITH**

(b) Address **Rich Hill Mo.**

17. (a) **Burial** (b) Date thereof **5-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREENLAWN**

18. (a) Signature of funeral director **Brotha**

(b) Address **Rich Hill Mo**

19. (a) **May 29, 1944** (b) **Mrs. Edna Douglas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **22**
year **1944** hour **5:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 19** 19**44** to **May 22** 19**44**
that I last saw **alive** on **May 22** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Duration **4 days**

Due to **Myocardial Infarction**

Other conditions (Include pregnancy within 3 months of death) **Ja!**

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 _____

23. Signature **Dr. C. J. Allen** M. D. _____
Address **Rich Hill Mo** Date signed **5/24/44**

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

3-44-684

6-3-44

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

John G. Henderson

Licensed Embalmer No.

3585

P. O. Address

Butler, Mo

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.