

FILED JUL 11 1944

Registration District No. 7

Primary Registration District No. 4256

State File No.

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Northwest Holden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Holden 6
(If outside city or town limits, write "RURAL")
(d) Street No. Northwest Holden
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX 0

3. (a) PRINT FULL NAME AMERICA SMITH

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Allen Smith 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased December 7, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 6 hr. min.

9. Birthplace Oak Grove, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Lish Ryan
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Cantrell
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (e) Informant Burney Smith

(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof June 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwater Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 6-20-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from Jan 16 1944 to June 13 1944
that I last saw her alive on June 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to 93d
Due to

Other conditions Gen Arterio sclerosis
(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?

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

23. Signature Kelly Rawlins (M. D. or other) _____
Address Holden Mo Date signed 6/20/44

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

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 Samuel B. Koper
Licensed Embalmer No. 4044
P. O. Address Holden Md

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.