

V. S. No. 2
DOM-5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25294

State File No. _____

Registrar's No. 18

FILED JUL 24 1944
Registration District No. _____ 37

Primary Registration District No. 4303

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Paducah Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Paducah (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 _____

3. (a) PRINT FULL NAME Ada Baringer Smart

3. (b) If veteran, name war 2 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife James Smart 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 25 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Camptell, Sunblin, Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Port Henry 9

13. Birthplace Port Henry (City, town, or county) (State or foreign country) 9

14. Maiden name Port Henry

15. Birthplace Port Henry (City, town, or county) (State or foreign country) 9

16. (a) Informant Artie Smart 17

(b) Address Paducah Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 24 44 (Month) (Day) (Year)

(c) Place: burial or cremation Starfield

18. (a) Signature of funeral director George Ruppelt

(b) Address 1030 1/2

19. (a) June 24 44 (Date received local registrar) (b) Paula Shamon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1944 hour 4 minute _____ A.M.

21. I hereby certify that I attended the deceased from June 23 1944 to 6-23 1944
that I last saw her alive on 6 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Morbus Duration 6 hrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Des Fulkerson (M. D. or other) _____
Address Paducah Mo. Date signed 6/23/44

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

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

RECEIVED.

District Health Office No. 2

District File Number 244-101

Date Filed 7-20-74

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.