

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27598

FILED SEP 8 1944
93

Registration District No. _____

Primary Registration District No. 4155

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Dade,

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

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

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

In this community 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Overton
(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 Maude S. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude Smith

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July 23 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>1</u>		hr. _____ min.

9. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business General Housework

12. Name Charles A. Dickinson

13. Birthplace Goodland, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Orla A. Hurst

15. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Overton, Mo. Orla A. Dickinson

(b) Address Overton Mo.

17. (a) Burial (b) Date thereof 8/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whelan Cemetery

18. (a) Signature of funeral director Eugene Bohm

(b) Address Walnut Grove Mo.

19. (a) 8/26/44 (b) Phyllis Lack
(Date received local registrar) (Registrar's signature)

10820

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1944 hour 6 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 20 1944 to Aug 23 1944
that I last saw alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 13 R1
(Include pregnancy within 3 months of death)

Major findings:
Of operations hemorrhage

Of autopsy no

Duration _____

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) Means of injury 0

23. Signature W. R. Riley (M. D. or other) _____

Address Overton Mo Date signed 8/24

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

19
0
0

44

RECEIVED

District Health Officer No. 6,

District File Number 944-995-

Date Filed SEP 6 1944

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.....

J. B. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove, 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.