S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30855

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 82

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital ~~or institution~~: ST. FRANCIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 15 HRS. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town NEW HAVEN
(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 MRS. LEONA SMITH

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ SIBRELL SMITH

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased APRIL (Month) 11 (Day) 1915 (Year)

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

9. Birthplace ST. AURERT (City, town, or county) Mo (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name ROBERT McKINNEY
13. Birthplace ..... (City, town, or county) KANSAS (State or foreign country)

MOTHER
14. Maiden name ERMA VOUGHT
15. Birthplace ..... (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Sibrell Smith
(b) Address New Haven Mo.

17. (a) ..... (Burial, ~~cremation or removal~~) (b) Date thereof 9-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation New Haven Mo

18. (a) Signature of funeral director L. C. Fertig & Son
(b) Address New Haven Mo

19. (a) 9/12/44 (Date received local registrar) (b) Lualle R. Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1944 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from January 23, 1944, to September 10, 1944, that I last saw her alive on September 10, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia from burn of trunk, thighs & arms	22 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

O.K. Ernst L. Oltmann coroner

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) accident

(b) Date of occurrence 9/9/44

(c) Where did injury occur? New Haven (City or town), Franklin (County), Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in own home (Specify type of place)
While at work? No (e) Means of injury Burn

23. Signature B. P. Eisenmann O (M. D. or other) MD
Address New Haven, Mo. Date signed 9/11/44

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-9-44

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 Earl Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven Ind

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.