V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31507

State File No.

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 111

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

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2
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1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: Nellie McFarland Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: Pulaski

(a) State Missouri (b) County ~~Phelps~~ 35

(c) City or town Waynesville (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 1

3. (a) PRINT FULL NAME Bertha May Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband ~~or wife~~ Dan Smith

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 11 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	0	24	hr. min.

9. Birthplace Gilman City (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Homemaker

11. Industry or business ~~Clarence Davisson~~

FATHER
12. Name Clarence Davisson
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country) 1

MOTHER
14. Maiden name Margaret Palmer
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Dan Smith

(b) Address Waynesville, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo

18. (a) Signature of funeral director Alfred T. Smith

(b) Address Rolla, Mo.

19. (a) 9/5/44 (Date received local registrar) (b) Jella Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1944 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from August 28, 1944, to Sept 5, 1944; that I last saw her alive on Sept 5, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis

Due to Appendicitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 [signature] (M. D. or other)

Address Rolla, Mo. Date signed 9/5/44

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(Licensed Embalmer's Statement on Reverse Side)

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. H. Hollow

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.