

FILED OCT 11 1944  
Registration District No. 237

Primary Registration District No. 444

Registrar's No. 48

1. PLACE OF DEATH: **PIKE**

(a) County **PIKE**

(b) City or town **Bowling Green**  
(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) **1**

(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 **Pike 22**

(c) City or town **Bowling Green**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ANGELA ANTOINETTE SMITH**

(b) If veteran, name war **Y**

(c) Social Security No. **Y**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **20**  
year **1944** hour **2** minute **9** M.

21. I hereby certify that I attended the deceased from **9/19/44** to **9/20/44** 19\_\_\_\_ to 19\_\_\_\_  
**see** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **colored**

6. (a) Single, widowed, married, divorced **Y D**

6. (b) Name of husband or wife **Y** 6. (c) Age of husband or wife if alive **Y** years

7. Birth date of deceased **Sept. 19 1944**  
(Month) (Day) (Year)

Immediate cause of death **Hemorrhage from cood**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) **16 1/2**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace **Bowling Green Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Y**

11. Industry or business **Y**

MOTHER FATHER

12. Name **Smith**

13. Birthplace **Bowling Green Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Verma Smith**

15. Birthplace **Bowling Green Mo. 0**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Alberta Smith**

(b) Address **Bowling Green Mo.**

17. (a) **Burial** (b) Date thereof **9 20 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green Mo**

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **M. Mathews** (M. D. or other) **MO**  
Address **Bowling Green Mo** Date signed **9/21/44**

18. (a) Signature of funeral director **Grace Bonhead**

(b) Address **Bowling Green Mo**

19. (a) **10-1-44** (b) **Miss Frank G...**  
(Date received local registrar) (Registrar's signature)

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

2  
1  
0

RECEIVED

District Health Officer No. 10

District File Number 10-44-1735

Date Filed OCT 16 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.....

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.