

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County... GREENE
(b) City or town... Springfield
(c) Name of hospital or institution: Spfld. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Days
In this community. 25 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Greene
(c) City or town... Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 421 E. Atlantic
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Smith

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

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Charles E. Smith 6. (c) Age of husband or wife if alive. UNK. years

7. Birth date of deceased. Oct. 28, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 8 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business _____

12. Name James A. DeFrese

13. Birthplace. UNK. Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Pender

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

16. (a) Informant Dale P. Smith

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Brighton, Mo.

18. (a) Signature of funeral director. H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-7-44 (b) Dr. W. J. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1944 hour 5 minute 16 a.m.

21. I hereby certify that I attended the deceased from Dec 2nd, 1944, to Dec 6-, 1944
that I last saw her alive on Dec 5-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute nephritis Duration 4 days

Due to _____

Due to _____

Other conditions. Diabetes & Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 61

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) (e) Means of injury. C

23. Signature C. E. Feller (M. D. or other) _____

Address Springfield, Mo. Date signed 7-6-44

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

39
2
6

9 1945

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 Leahie Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.

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