

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36071

State File No. 42348
Registrar's No. 62

FILED DEC 30 1944
Registration District No. 366

Primary Registration District No. 4536

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Petari
(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)

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

In this community 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha E. Smith

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

3. (c) Social Security No. _____

4. Sex F | 5. Color or race W

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

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

7. Birth date of deceased: June 23 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>5</u>	<u>10</u>	hr. min.

9. Birthplace Crawford Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

MOTHER FATHER

11. Industry or business _____

12. Name Lalene E. _____

13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rachel A. Harmon

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eddie Jenkins

(b) Address Petari Mo.

17. (a) Burial (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith & Son's Mortuary

18. (a) Signature of funeral director C. F. Sparks

(b) Address Petari Mo.

19. (a) 12-5-44 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Petari
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1944 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 1944 to Dec 3 1944
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
following multiple
thrombosis

Due to following 108
Lobar Pneumonia

Other conditions Aug 1944
following infect
of Gall Bladder

PHYSICIAN

Major findings: Aug 1944
following infect
of Gall Bladder

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)

(c) Means of injury _____

23. Signature J. Thurman (M. or other) _____
Address Petari Mo Date signed _____

RECEIVED

District Health Officer No. 4
District File Number 1244-4705
Date Filed 12-28-44

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

Melvin Miller

, Registered Apprentice No. 367

working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.