

Registration District No. 1
Filed JAN 20 1945

Primary Registration District No. 3008

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 mo 4 days
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howay

(c) City or town Fayette 14
(If outside city or town limits, write "RURAL")

(d) Street No. 307 South main 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOSEPHINE SMITH

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1944 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 1 1944 to Dec 3 1944 that I last saw her alive on Dec 2 1944 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis

Due to _____

Due to 93a

Other conditions (Includes pregnancy within 3 months of death) _____

9. Birthplace Howard Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John D Talson

13. Birthplace Fayette Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Craig

15. Birthplace Howard Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Reward State Hospital No 1
(b) Address Hutton Mo

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

(c) Place: burial or cremation City Cemetery Fayette Mo

18. (a) Signature of funeral director Ralph A Garr
(b) Address Fayette Mo

19. (a) 12-3-1944 (b) Joice Morant
(Date received local registrar) (Registrar's signature)

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 Car

23. Signature RE Sherrill (M. D. or other) _____
Address Hutton Mo Date signed 12/3/44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-19-45

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, only.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ralph A Carr
Licensed Embalmer No. 3340
P. O. Address Fayette 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.