

FILED MAR 12 1945
Registration District No. 269

Primary Registration District No. 5908

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jemisco
(b) City or town Holland Rural
(c) Name of hospital or institution: Holland Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jemisco
(c) City or town Holland Rural
(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 _____

3. (a) PRINT FULL NAME Mattie Lue Smith

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John E. Smith 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 1, 1909
(Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 2 If less than one day _____ min.

9. Birthplace La Grange Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER

12. Name Alexander Pittman

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

14. Maiden name Adeline Smith

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

16. (a) Informant John E. Smith

(b) Address Holland, Missouri

17. (a) Burial (b) Date thereof 2/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holland, Mo. Ref. Develon

18. (a) Signature of funeral director Bernard S. Van Home

(b) Address Steele, Missouri

19. (a) 3-6-45 (b) E. G. Limbaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 3rd
year 1945 hour 110 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 12
1944 to Dec. 10, 1945
that I last saw her alive on Dec 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. Chapman (M. D. or other) _____

Address Steele Mo. Date signed 2/10/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2-45-40

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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

John H. German

Licensed Embalmer No.

4355

P. O. Address

Steele, Missouri

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.