S. No. 2
M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 28 1945

STANDARD CERTIFICATE OF DEATH

State File No. 38304

Registration District No. ~~3056~~ 294 Primary Registration District No. ~~294~~ 3056 Registrar's No. 201

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 236 Bedford 1 (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 Mo (b) County Randolph

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

(d) Street No. 236 Bedford (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Elsie May Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fem 3

5. Color or race Col

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

6. (b) Name of husband or wife Warren Smith

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

7. Birth date of deceased 5 (Month) — 28 (Day) — 1882 (Year)

8. AGE: Years 62 Months 4 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Harris
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Rodd Maupin
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Sadie Tymons

(b) Address Moberly, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) — 21 (Day) — 45 (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director R. L. Jarr

(b) Address 417 N 5th St

19. (a) Oct 21-45 (Date received local registrar) (b) Leslie Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from June 1, 1945 to Oct 19, 1945 that I last saw her alive on Oct 18, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	3 hr
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr. nephritis, Cirrhosis liver, Myocarditis Chr.	
Major findings: Of operations	
Of autopsy	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H. L. Griffith (M. D. or other)

Address Moberly Mo Date signed 10/20/45

1601

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1691
Date Filed NOV 23 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 Robert L Carr

Licensed Embalmer No. 3197

P. O. Address Moberly 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.