S. No. 2
M—2-43
. 5-17-39
I X39697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38379

Registration District No. 314 Primary Registration District No. 6064-4459 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola Missouri
(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 (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Osceola
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Linda Ellen 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 26 (Day) 1943 (Year)

8. AGE: Years	Months	Days	If less than one day
2	6	0	hr. min.

9. Birthplace Napolen (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Clifton Smith
13. Birthplace Waterloo (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Myrtle Cook
15. Birthplace Marshall Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. May Collins
(b) Address Kansas City Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Missouri
18. (a) Signature of funeral director Osceola Funeral Home
(b) Address
19. (a) 10-27-45 (Date received local registrar) (b) Ruth Sellers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1945 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Burned to death in bed in residence	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 10-26-45 coal oil
(c) Where did injury occur? town (City or town) explosion (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 Forrest B. Gladsad Coroner (M.D. or other)
Address Osceola Mo Date signed 10/26/45

1507

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Filed ... 11-45-1134
Date Filed 12-3-45

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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.