S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40413

FILED JAN 38 1946

Registration District No. 7 Primary Registration District No. 5062 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: / Purdy Twp
(If not in hospital or institution, write street number or location)

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

In this community All of her life

2. USUAL RESIDENCE OF DECEASED: 5

(a) State Missouri (b) County Barry

(c) City or town Purdy - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Emmaline 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 Married

6. (b) Name of husband or wife John Smith 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January (Month) 18 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	10	hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Andrew J. Henderson /

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

MOTHER 14. Maiden name Nancy Hedgepeth

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

16. (a) Informant John Smith

(b) Address Purdy, Mo. Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Blankenship

(b) Address Monett, Mo.

19. (a) 12-1-45 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 28 year 1945 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Jan 1 at 1944 to Nov 28 1945 that I last saw her alive on Nov 27 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 hrs
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

940

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 J. D. Baldwin (M. D. or other)

Address Purdy Mo Date signed 1-28-46

1508

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1245-1112
Date Filed 12-27-45

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 L. H. Blanscenship

Licensed Embalmer No. 2397

P. O. Address Monett

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.