

FILED FEB 28 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 days
In this community 35 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Jacksonville
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wanda Lee Smith

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

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 September 22 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 3 28 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Thomas Estel Smith

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

14. Maiden name Hannie Belle Blankenship
(City, town, or county) (State or foreign country)

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Funeral (b) Date thereof July 20
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon Mo

18. (a) Signature of funeral director H. B. Orr

(b) Address Montgomery, Mo

19. (a) 1-22-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1946 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 16 19 46 to 19 46
45 January 19 46
that I last saw her alive on January 19 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary tuberculosis over 6 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 1
Of operations _____

Of autopsy 138

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 C. H. Brusher M.D.

Address Mo. State San., Mount Vernon Date signed 1-19-46

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

RECEIVED

District Health Officer No. 6

District File Number 146-148

Date Filed FEB 26 1946

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 George B. Orr

Licensed Embalmer No. 946

P.O. Address 14th Vernon 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.