No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6415

Registration District No. 198 Primary Registration District No. 4309 Registrar's No. 1

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

5381

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Southwest City
(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 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 60
(a) State Missouri (b) County McDonald
(c) City or town Southwest City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jessie M. Smith
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F. 1
5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George N. Smith
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 10 (Day) 1872 (Year)

8. AGE: Years 73 Months 10 Days 1 If less than one day ✓ hr. ✓ min.

9. Birthplace Hamilton (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Retired Teacher
FATHER
12. Name Wm Wagonseller
13. Birthplace (City, town, or county) Not Known (State or foreign country)
MOTHER
14. Maiden name Eliza Ann Garner
15. Birthplace (City, town, or county) Not Known (State or foreign country)
16. (a) Informant Bertha Booth
(b) Address Hamilton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hamilton, Mo.
18. (a) Signature of funeral director Brown Funeral Home
(b) Address Hamilton Mo
19. (a) 2-1-46 (Date received local registrar) (b) John J. Nechol (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 46 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from 11-23-37 to 12-31, 1945 that I last saw her alive on 12-31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart Disease
Due to Hypertension
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations 95
Of autopsy

Duration

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
Signature R. E. Warnack (M. D. or other) M.D.
Address Southwest City, Mo Date signed 1-11-46

182 (Licensed Embalmer's Statement on Reverse Side)

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 Maynie E Humphrey

Licensed Embalmer No. 4263

P. O. Address Pineville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.