

S. No. 2
M-543
7. 5-17-39
b I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. 6742
Registrar's No. 22

Registration District No. 280 Primary Registration District No. 4418

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

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Carden Point *Acem*
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Carden Point Missouri 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Smith
3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife husband deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12th. 1866
(Month) (Day) (Year)

8. AGE: 79 Years 7 Months 27 Days If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Ely Davis

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

14. Maiden name Mollida K. Lespard

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

16. (a) Informant Mrs. Eugene Wright

(b) Address Carden Point Missouri

17. (a) Burial (b) Date thereof 2/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carden Point Cem.

18. (a) Signature of funeral director Lucian Davis
(b) Address Dearborn Missouri

19. (a) Feb 14-46 (b) Mrs. Cephus Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 9
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 9th
1946 to Feb 9th 1946
that I last saw her alive on Feb 7th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 8 years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 131

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. L. Anderson (M.D. or other) _____
Address Dearborn Mo Date signed 2-11-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Russell James

Licensed Embalmer No. *4160*

P. O. Address:

Seaborn 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.