

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 19

Registration District No. 294 Primary Registration District No. 3056

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(c) Name of hospital or institution McCarroll
(d) Length of stay: In hospital or institution 17 1/2 - 45 / 124 - 46
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Linn 58
(c) City or town Manchester
(d) Street No. 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY JANE SMITH
(b) If veteran, name war _____
(c) Social Security No. 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 24th
year 1946 hour 9 minute 15 p. M.
21. I hereby certify that I attended the deceased from Dec 15, 1945, to Jan 24, 1946
that I last saw her alive on Jan 24, 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Thos. D. Smith 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased (Month) 9 (Day) 2 (Year) 1865

Immediate cause of death Carcinoma of Liver
Due to Chronic cholecystitis, yrs.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 4 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business _____
12. Name James W. Fitzgerald
13. Birthplace Deland 4 (City, town, or county) (State or foreign country)
14. Maiden name Bell Lee
15. Birthplace Deland 4 (City, town, or county) (State or foreign country)

Major findings: Of operations U60
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Thos. F. Smith
(b) Address Manchester Mo
17. (a) Buried (b) Date thereof 1-26-46
(c) Place: burial or cremation Old St. Charles
18. (a) Signature of funeral director Paul G. Zappner
(b) Address Manchester Mo
19. (a) 125-46 (b) Walt Wellhaus
(Date received local registrar) (Registrar's signature)

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 A. L. McCarroll (M. D. or other) MD
Address Manchester Date signed 1-27-46

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

268
32

3753

RECEIVED

District Health Officer No. 10

District File Number 3-46-372

Date Filed MAR 7 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 Paul G. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison 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.