

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF NEVADA  
STANDARD CERTIFICATE OF DEATH

State File No. **8284**

Registration District No. **360** Primary Registration District No. **3076** Registrar's No. **37**

**1. PLACE OF DEATH:**

(a) County Nevada

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

(c) Name of hospital or institution:  
1724 North Main  
(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) 24 years

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Nevada (b) County Nevada <sup>108</sup>

(c) City or town Nevada <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1724 N Main <sup>21</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Stella Ann Zener 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 Single

6. (b) Name of husband or wife Robert E. Smith 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 27, 1884  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>0</u>	<u>1</u> hr. <u>0</u> min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Reed

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

14. Maiden name Parah Keeding

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

16. (a) Informant Mrs Fred P. Kautz

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof March 1, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada Mo

19. (a) 3-4-46 (b) Waltham Jancy  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 27  
year 1946 hour 12 minute 00 A.M.

21. I hereby certify that I attended the deceased from September 19, 46 to Feb 27 19 46  
that I last saw her alive on Feb 26 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of ascending aorta

Due to \_\_\_\_\_

Due to 30d

Other conditions Hypostatic Pneumonia  
(Include pregnancy within 9 months of death)

Major findings:  
Of operations no operation

Of autopsy no autopsy

22. If death was due to external causes, fill in the following: No

(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 Paul L Barone (M. D. or other) 0

Address State Hosp No 3 Date signed Mar 2

Duration 4 mo.

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

Case No. 71  
District 2-4-6-209  
Date Filed 3-9-46

**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 me  
....., Registered Apprentice No. ....

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.**