V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

15236

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Sewell

State File No. 16349

Registration District No. 128 Primary Registration District No. 2006 Registrar's No. 392

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 897 S. Clay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 897 S. Clay 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME May Ricketts Smith
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fema le
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chas. E. Smith
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased June (Month) 1, (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
65	11	5	hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Finley Ricketts
13. Birthplace UNK. (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name Lydia Bellemeyer
15. Birthplace UNK. (City, town, or county) UNK (State or foreign country) 9
16. (a) Informant Chas. E. Smith
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 5-8-46 (Date received local registrar) (b) W. E. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1946 hour 11 minute 55p. M.
21. I hereby certify that I attended the deceased from April 1, 1946, to May 6, 1946, that I last saw her alive on May 6, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage	Duration
Due to Hypertension, malignant	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 John H. Lillemoe M.D. (M. D. or other)
Address Wed. arts Bldg. Date signed 5-9-46
Spfd., Mo.

111 (Licensed Embalmer's Statement on Reverse Side)

MAY 13 1952

MAY 14 1952

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 Roy F Mercer, Jr., Registered Apprentice No. 380, working under my personal supervision.

Signed W. E. Hamilton

Licensed Embalmer No. 3808

P. O. Address

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.

X