No. 2
1—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17411

State File No.

FILED JUN 13 1946

Registration District No. 210 Primary Registration District No. 5273 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Morgan Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community all her lfie

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer 65
(c) City or town Morgan Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Luin Smith
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 2 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	10	hr. min.

9. Birthplace Mercer Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER
12. Name Jane Johnson
13. Birthplace South Carolina (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Joseph Moss
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harve Stanley
(b) Address Princeton, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 14, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Goshen
18. (a) Signature of funeral director Noel Moss
(b) Address Princeton, Mo
19. (a) 5-15-46 (Date received local registrar) (b) Grace Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1946 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Jan 10 1943 to May 12 1946 that I last saw her alive on May 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal Disease with special reference to degree of kidney involvement. — Duration
Due to Sustained fracture rt femur Jan 10 1943. Has never walked
Due to since. Sat in chair several hours daily. Multiple bed sores
Other conditions Exhaustion.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None made

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) Femur sustained in a home fall 1943. Not the cause of death.
(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 A.S. Bristow (M. D. or other) MD
Address Princeton, Mo. Date signed 5/13/46

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1945

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Hall Mass

Licensed Embalmer No. 2634

P. O. Address Princeton M

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.