

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

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

State File No. **20011**
Registrar's No. **523**

FILED JUL 28 1946

Registration District No. _____ Primary Registration District No. **2000**

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

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:
TROTTER REST HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Mos.**
(Specify whether years, months or days)

In this community **2 Mos.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **OKLAHOMA** (b) County **TULSA**

(c) City or town **DAWSON**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BELLE SMITH**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife **UNK.**

6. (c) Age of husband or wife if alive **UNK.** years

7. Birth date of deceased **Oct. 11, 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **16TH**
year **1946** hour **1:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Tulsa**
Call, 19 **6-16** to **6-16**, 19**46**
that I last saw her alive on **6-16-46**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Senile Dementia**

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| 73 | 8 | 5 | hr. _____ min. _____ |

Due to **Arteriosclerosis**

Due to **Shock from suicide of a child.**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **UNK. Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

12. Name **Unknown**

13. Birthplace **Unknown UNK.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown UNK.**
(City, town, or county) (State or foreign country)

Major findings: **X**

Of operations _____

Of autopsy **NA**

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

16. (a) Informant **Sam King**

(b) Address **1954 N. Boulevard, Spfld, MO**

17. (a) **REMOVAL** (b) Date thereof **JUNE 17, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **TULSA, OKLAHOMA**

18. (a) Signature of funeral director **Eric C. Thiem**

(b) Address **Springfield, Mo.**

19. (a) **6-18-46** (b) **W. W. Dauder**
(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 **0**

23. Signature **Barrett No 99** (M. D. or other)

Address **1103 Rowan St** Date signed **6-18-46**

111 (Licensed Embalmer's Statement on Reverse Side) **Springfield, MO.**

AUG 28 1945

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.....

Ralph H. Theriault

Licensed Embalmer No. *3681*

P. O. Address *Springfield, Mass*

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.

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