S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22410

State File No.

Registration District No. 324 Primary Registration District No. 4479 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queencity Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Queencity
(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 Bertha Bell Smith
3. (b) If veteran, name war None
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William H. Smith
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sept (Month) 5 (Day) 1872 (Year)
8. AGE: Years 73 Months 9 Days 1 If less than one day hr. min.
9. Birthplace Near Queencity (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business "
MOTHER FATHER
12. Name Mason Bowen
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Sophia Courtright
15. Birthplace West Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Wm H. Smith
(b) Address Queencity Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9—1946 (Month) (Day) (Year)
(c) Place: burial or cremation Queencity Cem
18. (a) Signature of funeral director Wm H West
(b) Address Queencity Mo
19. (a) June 18 46 (Date received local registrar) (b) Mrs. Ruth Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1946 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Apr 22 1946 to June 6 1946 that I last saw her alive on June 6 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes	2 years
Due to	
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 O. P. Grow (M. D. or other) DO
Address Queencity Mo Date signed June 8 1946

353 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-126
Date Filed JUL 3 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 Self

, Registered Apprentice No.

working under my personal supervision.

Signed Wm N. West

Licensed Embalmer No. 2882

P. O. Address Bullcity Miss

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.