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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23058

Registration District No. 13 Primary Registration District No. 3012 Registrar's No. 54

1. PLACE OF DEATH:
(a) County: CLINTON.
(b) City or town: CAMERON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SOUTH ELM STREET.
(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: 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CLINTON
(c) City or town: CAMERON
(If outside city or town limits, write "RURAL")
(d) Street No.: SOUTH ELM STREET.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CARRIE CEDORA 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: MARRIED
6. (b) Name of husband or wife: RILEY SMITH.
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: AUGUST (Month) 7th (Day) 1874 (Year)

8. AGE: Years 71 Months 10 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: CALDWELL CO. (City, town, or county) MO (State or foreign country)
10. Usual occupation: HOUSEWIFE.
11. Industry or business: HOME
MOTHER FATHER
12. Name: WILLIAM CURD.
13. Birthplace: Ohio. (City, town, or county) (State or foreign country)
14. Maiden name: MAGGIE J. SMITH
15. Birthplace: IOWA (City, town, or county) (State or foreign country)
16. (a) Informant: RILEY SMITH
(b) Address: CAMERON MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell CALDWELL CO
18. (a) Signature of funeral director: DeMOSS CRUNK
(b) Address: CAMERON MO.
19. (a) JUNE 24, 46 (Date received local registrar) (b) Mrs. Willie James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22 year 1946 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 15, 1946, to June 22, 1946, that I last saw her alive on June 19, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis Lungs — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 131
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: [illegible] (M.D. or other)
Address: Cameron, Mo. Date signed: 28 June 46

66 (Licensed Embalmer's Statement on Reverse Side)

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 Lee Moss Crunk

Licensed Embalmer No. 2533

P. O. Address Cameron, 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.