

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JUL 29 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23076**

Registration District No. **24**

Primary Registration District No. **4136**

Registrar's No. **83**

15  
330  
21500  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
(a) County **Platte**  
(b) City or town **Plattsburg**  
(c) Name of hospital or institution: **Residence 1**  
(d) Length of stay: In hospital or institution **25 yrs**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Clinton**  
(c) City or town **Plattsburg**  
(d) Street No. **7**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MAUDE RILEY SMITH**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **9** year **1946** hour **4** minute **30** P.M.

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **no**  
6. (c) Age of husband or wife if alive **20** years

21. I hereby certify that I attended the deceased from **June 28**, 19**46**, to **July 9**, 19**46**  
that I last saw him alive on **July 9**, 19**46**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Myocarditis**

7. Birth date of deceased **June 20 1860**  
8. AGE: Years **86** Months **0** Days **19**

Duration **1 Mo.**  
Due to **Myocarditis**  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations **none**  
Of autopsy **none**

9. Birthplace **Clinton Mo**  
10. Usual occupation **House Keeper**

MOTHER FATHER  
11. Industry or business **Own home**  
12. Name **Charles Riley**  
13. Birthplace **Mo**  
14. Maiden name **Maggie Baker Daves**  
15. Birthplace **Not known**

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?  
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant **Riley Smith**  
(b) Address **Plattsburg**  
17. (a) **Burial** (b) Date thereof **July 11 1946**  
(c) Place: burial or cremation **Green Lawn**  
18. (a) Signature of funeral director **Jas L. Martin**  
(b) Address **Plattsburg**  
19. (a) **July 11 '46** (b) **Jas L. Martin**

23. Signature **W. B. ...** (M. D. or other)  
Address **Plattsburg Mo** Date **July 10-46**

**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

*Jack K. Martin*

Licensed Embalmer No.

*430 B*

P.O. Address

*Plattsburgh*

**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.**