S. No. 2
DM—2-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24237

Registration District No. 787 Primary Registration District No. 8040 Registrar's No. 70

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Months (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED Livingston
(a) State Mo (b) County Livingston 59
(c) City or town Hale ~~North of Hale~~ Rural
(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 Della Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife James Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 20 (Month) (Day) 1885 (Year)

8. AGE: Years 61 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Mc Donald County (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alvin Chamberlin
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Elizabeth West
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Irene Kerns
(b) Address Hale, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 46 (Month) (Day) (Year)
(c) Place: burial or cremation Sumner, Mo.
18. (a) Signature of funeral director Bowden Funeral Home
(b) Address Brookfield, Mo.
19. (a) June 9 1946 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 5 minute a M.
21. I hereby certify that I attended the deceased from March 1, 1946 to June 8, 1946; that I last saw her alive on June 7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	8 da
Due to	
Due to	

Other conditions Psychosis, Mania depressive type
(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 M. M. Russell M. D. (M. D. or other)
Address Chillicothe Mo Date signed 1/9/46

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(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 James B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.