

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1946

State File No. 24579

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 224

1. PLACE OF DEATH: Pettis
(a) County
(b) City or town Smithton Mo
(c) Name of hospital or institution: East End of city
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)
In this community 50 years

3. (a) PRINT FULL NAME Hattie E Smith
3. (b) If veteran, name war. No.
3. (c) Social Security No.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased: Nov 30 1887 (Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Warren Co Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Nelson Dulaban
13. Birthplace State of Penn (City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace State of Penn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robt Homan
(b) Address 615 W 4th Sedalia Mo

17. (a) Burial (b) Date thereof: Feb 26 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director: H. F. Hemminger
(b) Address Smithton Mo

19. (a) 7-25-46 (b) Betty Yeager (Date received local registrar) (Date signed by registrar)
251 (Licensed Embalmer's Signature on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis Mo
(c) City or town Smithton Mo (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1946 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 19 1946 to July 17 1946
that I last saw her alive on July 17 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Duration
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations. 938
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?
While at work? (Specify place)
23. Signature: E. E. Homan M.D. (M. D. or other)
Address: Smithton Mo Date signed: 7/16/46

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

RECEIVED

District Health Officer No.

District File Number

Date Filed 8-3-46

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.....

Licensed Embalmer No.

P. O. Address

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.