

FILED AUG 27 1946

Registration District No. 33

Primary Registration District No. 5116

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town RURAL - BOURBON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ALL OF LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10

(c) City or town RURAL 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME LUCY JANE SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1946 hour 9 minute _____ A.M.

21. I hereby certify that I attended the deceased from 1944
Aug 17 1946
that I last saw her alive on July 9 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife W. L. SMITH

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased JAN. 23 - 1863
(Month) (Day) (Year)

Immediate cause of death: Arterio Sclerosis

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

Due to Age

Due to _____

9. Birthplace BOONE Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation H. W. F.

11. Industry or business _____

MOTHER FATHER

12. Name JAMES DAVID BYRAM

13. Birthplace Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name PERMIA BRADLEY
(City, town, or county) (State or foreign country)

15. Birthplace W. L. SHANK KY.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant 1

(b) Address CLARK, Mo.

17. (a) BURIAL (b) Date thereof AUG. 19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PERCHE CEM.

18. (a) Signature of funeral director Burns & Boothe

(b) Address Sturgeon, Mo.

19. (a) August 21 (b) Thelma Esteppe
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature W. R. M. ... (M. D. or other) _____
Address Sturgeon, Mo. Date signed 8-19-46

Date Filed 8-26-75
District File Number 8-26-214
District Health Officer No. 9,

RECEIVED

OCT 20 1952
APR 23 1953

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..... *W. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.