

FILED AUG 30 1946  
Registration District No. 730

Primary Registration District No. 5334

1. PLACE OF DEATH  
(a) County Dade  
(b) City or town Greenfield, R 2, Lockwood Twp.  
(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 26 yrs.  
In this community 26 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dade  
(c) City or town Greenfield, R 2, Lockwood Twp.  
(d) Street No. 0  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME ANNA AMELIA 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  
(b) Name of husband or wife R. J. Smith 6. (c) Age of husband or wife if alive 61  
7. Birth date of deceased March 29 1884  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 12 year 1946 hour 8 minute 37 A. M.  
21. I hereby certify that I attended the deceased from July 26, 1946 to Aug 12, 1946  
that I last saw her live on Aug 12 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 4 Days 13  
If less than one day hr. min.

Immediate cause of death Cardiac Decomposition  
Due to Cholesterol  
Duration 3 days

9. Birthplace Cottbus Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
12. Name August Lehman  
13. Birthplace Germany  
14. Maiden name Agusta Merting  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Lehman  
(b) Address Golden City, Mo. R 2

17. (a) burial (b) Date thereof Aug. 14, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudenville Cem. Dade Co. Mo.  
Phillips Funeral Home  
(e) Signature of funeral director Golden City, Mo.  
(b) Address

19. (a) 8-13-46 (b) Geo. R. Wilby  
(Date received local registrar) (Registrar's signature)

Other conditions /  
(Include pregnancy within 3 months of death)  
Major findings: 10/1/46  
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? /  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /

(Specify type of place) 2  
While at work? (e) Means of injury /  
23. Signature Raymond A. Culver D. or other DO  
Address Golden City, Mo. Date signed 8-12-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
25546

FEB 5 1957

SEP 20 1956

FEB 18 1957

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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. *3278*

P. O. Address. *Golden City, 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.