

S. No. 2
M-2-43
7. 5-17-39
F X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1948 STANDARD CERTIFICATE OF DEATH

26957

State File No. _____
Registrar's No. 170

Registration District No. 137 Primary Registration District No. 5506

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton, R. H.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Hosp. 5 mi. S. Clinton
(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 life. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi S Clinton mo 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 31
year 1946 hour 11 minute 20 P.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Glenn J. Smith 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug 7 - 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 0 Days 24 If less than one day hr. _____ min. _____

Immediate cause of death was death when I arrived and he in town that afternoon, occupied in Due to night, with shaking of pain from heart, dyspnea
Due to _____
Due to _____

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Charley Woodley
13. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)
14. Maiden name Elena Meyers
15. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn J. Smith
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 9-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cr

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? _____

18. (a) Signature of funeral director Consalus West
(b) Address Clinton mo
19. (a) 8-31-46 (b) R. P. Ramsey
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury A
23. Signature H. Walker (M. D. or _____)
Address Clinton mo Date signed 9-2-46

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

MOTHER FATHER

RECEIVED

Embalmer No. 7
8-46-930
Date Recd. 9-9-46

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.