

State File No. _____

Registrar's No. 102

Registration District No. 133

Primary Registration District No. 3022

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

1. PLACE OF DEATH:

(a) County HARRISON

(b) City or town BETHANY
(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 2 WEEKS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DANKLIN

(c) City or town KENNETT
(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 SAVANNAH E. SHIRLEY

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12
year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from
Oct 11 1946 to Oct 12 1946
that I last saw her alive on Oct 12 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband E.A. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 25 1870
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration 5 yrs.

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER { 11. Industry or business _____

FATHER { 12. Name W.M. P. SMITH

13. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)

14. Maiden name DO NOT KNOW

15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant S.A. Shirley

(b) Address Bethany, Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10/14/46
(Month) (Day) (Year)

(c) Place: burial or cremation KENNETT, MO.

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 Wm. H. Haas

(b) Address Bethany, Mo.

19. (a) Oct. 13-46 (Date received local registrar)

(b) Zola Beerris (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury D

23. Signature W.A. Broyles (M. D. or other)

Address Bethany, Missouri signed 10-12-46

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Thornton H. Hess*

Licensed Embalmer No. *2861*

P. O. Address..... *Bethany, 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.