

S. No. 2  
M-12-45  
v. 5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 11 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37939**

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County **Pike**  
 (b) City or town **Louisiana**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**519 1/2 Georgia Street.**  
(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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Pike**  
 (c) City or town **Louisiana**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **519 1/2 Georgia St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ANNIE SMOKER ENGLAND**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **November** day **2**  
 year **1946** hour **2** minute **45** P.M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Frank England**  
 6. (c) Age of husband or wife if alive **74** years  
 7. Birth date of deceased **August 18 1869**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 19** 19 **46** to **Nov. 2** 19 **46**  
 that I last saw him alive on **Nov. 2** 19 **46**  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**77 2 14** hr. min.

Immediate cause of death **Cardiovascular renal insufficiency**  
 Due to **disease**

9. Birthplace **Green Bay Wisconsin**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Other conditions **131A**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Dressmaker & Housewife**  
**Housekeeping**

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

11. Industry or business \_\_\_\_\_  
 12. Name **Sebastain Smoker**  
 13. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Theresa Dohm**  
 15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Perry Taliaferro**  
 (b) Address **Louisiana Missouri**

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? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **11/24/1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Riverview Cemetery**

18. (a) Signature of funeral director **Garner & Sterne**  
 (b) Address **Louisiana Missouri**

While at work? \_\_\_\_\_  
(Specify type of place) (g) Means of injury  
 23. Signature **[Signature]** (M. D. or other) **20**  
 Address **Louisiana Missouri**

19. (a) **11-4-46** (b) **Bernice Collier**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

314

(Licensed Embalmer's Statement on Reverse Side)

44

1948 MAY 5

RECEIVED  
District Health Officer No. 10  
District File Number 12-46-2269  
Date Filed DEC. 10. 1946

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 *J. B. Steiner*.....

Licensed Embalmer No. *4039*.....

P. O. Address. *Louisiana, 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.