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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 379

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 39

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Bernie (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annalee Smith
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 29 (Day) 1873 (Year)

8. AGE: Years 73 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Union (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name John Ramsey
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Florine Brunner
(b) Address 4979 Natural Bridge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Cemetery
18. (a) Signature of funeral director Ralph E. Brunner
(b) Address Bernie Mo
19. (a) 1-23-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 47 hour 11 15 minute 4 M.
21. I hereby certify that I attended the deceased from Jan 13, 1947, to Jan 15, 1947, that I last saw him alive on Jan 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anemia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or coroner)
Address Poplar Bluff Mo Date signed 1-23-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-168
Date Filed 1-30-47

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. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.