

No. 2
12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1947

Registration District No. **17**

Primary Registration District No. **5295**

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town RURAL CONCORD TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CLINTON CO. HOME.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. CLINTON CO. HOME.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROMANIA SMITH

3. (b) If veteran, name war X X

3. (c) Social Security No. X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 13
year 1947 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 1946 to Jan 13 1947
that I last saw her alive on Jan 6 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Wm. Smith

6. (c) Age of husband or wife if alive NOT KNOWN

7. Birth date of deceased NOT KNOWN
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 4 mo.

8. AGE: Years Months Days If less than one day

About 95 hr. min.

Due to _____

Due to Dementia Praecox

Other conditions Senile Dementia 30420
(Include pregnancy within 3 months of death)

MOTHER FATHER

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

10. Usual occupation HOMIE KEEPER

11. Industry or business _____

12. Name Wm. Hauger

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name CHRISTINA BARTLETT

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

16. (a) Informant Newton Hauger

(b) Address CAMERON MO.

17. (a) BURIAL (b) Date thereof 1 15 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMERON MO.

18. (a) Signature of funeral director A. W. Lyon

(b) Address PLATTSBURG MO.

19. (a) 1-18-47 (b) Jan. L. Martin
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy none 036

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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature M. D. Spalding (M. D. or other)
Address Plattsburg Mo. Date signed _____

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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 Danell R. Lyon
Licensed Embalmer No. 3640
P. O. Address: Plattsburg, 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.