

FILED JAN 21 1947

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 4

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
HOME (REAR OF HIGH ST.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 2?

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

(d) Street No. REAR OF HIGH STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ANNA BEULAH JONES SMITH

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased SEPTEMBER 17 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>3</u>	<u>20</u>	hr. _____ min.

9. Birthplace BOONVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name CHARLES JONES

13. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name TILLIE DOW

15. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant TILLIE JONES

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 1/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE - MO.

19. (a) 1-8-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1947 hour about 3:30 P. M.

21. I hereby certify that I attended the deceased from NO 19 1947 to 1947;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 27

(b) Date of occurrence Jan 6 1947

(c) Where did injury occur? Boonville Cooper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

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

23. Signature [Signature] (M. D. or other) [Signature]

Address Boonville Mo Date signed 1/8/47

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-18-47

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.....

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.