

FILED APR 8 1947

Registration District No. 157

Primary Registration District No. 3040

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether years, months or days)

In this community 3 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe
(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 "UNNAMED"

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

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

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 - 20 - 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

9. Birthplace Chillicothe, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Baine Smith

{ 13. Birthplace Livingston, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eva Mae Barron

{ 15. Birthplace Ray, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Smith
(b) Address Braymer, MO

17. (a) Burial (b) Date thereof 3-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cow Hill Cem

18. (a) Signature of funeral director Dennis Mead

(b) Address Braymer, MO

19. (a) 3-21-47 (b) Frances B. Keill
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1947 hour 8:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from 5:00 PM 3/20/47 to 8:00 PM - 3/20, 1947, to _____, 19____; that I last saw her ex alive on 3/20/47, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia due to Placenta Praevia (Caesarian Section)

Due to _____

Due to _____

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

Major findings: _____

Of operations 159

Of autopsy _____

Duration

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) (c) Means of injury _____

23. Signature D. M. Dowd (M. D. or other) _____
Address Chillicothe, MO Date signed 3-21-47

**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.....

Dennard J. Mead

Licensed Embalmer No.....

2801

P. O. Address.....

Praynes, 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.