7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
Bureau of the Census
FILED APR 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14417

State File No.

Registration District No. 264 Primary Registration District No. 5894 Registrar's No. 24

1. PLACE OF DEATH:
(a) County: Ozark
(b) City or town: Rural- Pine Creek Twn. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ozark 77
(c) City or town: Sycamore- rural (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nancy Smith
3. (b) If veteran, name war: ---
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: J.S.Smith
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 16 (Day) 1867 (Year)
8. AGE: Years 80 Months 11 Days 26 If less than one day hr. min.
9. Birthplace: Douglas Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: William Freeman /
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: !! (City, town, or county) (State or foreign country)
16. (a) Informant: Lawrey Smith
(b) Address: Sycamore Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Martin Cemetery
18. (a) Signature of funeral director: Clinkenbeard Funeral Home
(b) Address: Gainesville Missouri
19. (a) Mar. 25, 1947 (Date received local registrar) (b) Pamela Trump (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 1943, to March 15, 1947; that I last saw her alive on Jan 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	4 Mo
Due to: Arthritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 95C
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: M Hoerman (M. D. or other)
Address: Gainesville Mo Date signed 3/18/47

377 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 447-443
Date Filed APR 16 1947

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville

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.