

No. 2
8-43
-17-39
X37823

FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20450

Registration District No. 76

Primary Registration District No. 5347 4156

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County... Dallas
(b) City or town... Buffalo
(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
In this community... life
years, months or days)

3. (a) PRINT FULL NAME MARY JANE SMITH

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

4. Sex... female Color or... white
5. (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... Aug 8 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 6 1 hr. min.

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

10. Usual occupation... Housekeeper

11. Industry or business...

12. Name... Henry Evans

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

14. Maiden name... unknown

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

16. (a) Informant... Mrs. Lester Coakley
(b) Address... Buffalo Mo

17. (a) Burial, cremation, or removal... (b) Date thereof... 6-11-47
(Month) (Day) (Year)

18. (a) Signature of funeral director... C. B. Jones

(b) Address... Buffalo Mo

19. (a) 7-2-47 (Date received local registrar) Registrar's signature... [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Dallas
(c) City or town... Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No... (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 50 hour 15 minute A.M.
21. I hereby certify that I attended the deceased from Nov 1946 to June 1947
that I last saw her alive on 7 June 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Terminal pneumonia
Due to Cerebral Hemorrhage

Due to...
Other conditions... Valvular Heart Dis
(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?

While at work? (Specify type of place) (e) Means of injury...
23. Signature... [Signature] (M. D. or other) MD
Address... Buffalo Mo Date signed 16 June 47

RECEIVED
District Health Officer No. 7,
District File Number 6-17-785
Date Filed 7-7-47

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 Mauro B. James
Licensed Embalmer No. 4222
P. O. Address Buffalo, 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.