No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21919

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Pulaski

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

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

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Waynesville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dora Mae Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan (Month) 16 (Day) 1916 (Year)

8. AGE: Years 31 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Pulaski Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Emery Crossland 0
13. Birthplace Pulaski Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Eva Hill 0
15. Birthplace Dixon (City, town, or county) Mo (State or foreign country)

16. (a) Informant James Crossland
(b) Address Waynesville R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 30 (Day) 1947 (Year)
(c) Place: burial or cremation Good all

18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo

19. (a) 7/1/47 (Date received local registrar) (b) Helena C. Buchtharp (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 47 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from 6-27-47, 19, to 6-28, 1947 that I last saw her alive on 6-28-47, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Skull Fracture	
Due to	
Other conditions Internal Injuries (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None
170C
M22

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) Accident 85

(b) Date of occurrence 6-27-47

(c) Where did injury occur? Waynesville (City or town) Pulaski (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #66 (Specify type of place)

While at work? No (e) Means of injury Auto 2

23. Signature C. B. Smelley (M. D. or other) 100

Address Waynesville Date signed 6-28-47

(Licensed Embalmer's Statement on Reverse Side)

call with other M. vehicle

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 Leo Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
5M—3-45
1X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski

(c) City or town Waynesville
(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

3. (a) PRINT FULL NAME Dora Mae Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Years

7. Birth date of deceased Jan 16 1916
(Month) (Day) (Year)

8. AGE: Years 31 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 7/1/47 (Date received local registrar) (b) Thelma C. Buckthorpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 28
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-21919