

S. No. 2  
OM-2-43  
v. 5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 26 1947**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**21930**

State File No. \_\_\_\_\_

Registration District No. 291

Primary Registration District No. 5995

Registrar's No. 52

**1. PLACE OF DEATH:**  
(a) County Putnam  
(b) City or town Rural, Sherman Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Poweraville, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 92 yrs.  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Putnam  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Poweraville, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Frances Smith

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

4. Sex F / race W 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced S \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 22 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
96 10 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation School teacher

11. Industry or business \_\_\_\_\_

12. Name Andrew Smith

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

14. Maiden name Mary unknown

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

16. (a) Informant Clara Smith

(b) Address Poweraville, Mo.

17. (a) B (b) Date thereof 6-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yuba Cem

18. (a) Signature of funeral director Walter P. ...

(b) Address Unionville, Mo.

19. (a) 6-16-47 (b) Marvella Durbin  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6 day 7  
year 47 hour 1 minute 4 M.

21. I hereby certify that I attended the deceased from 6-2-47  
to 6-6-47  
that I last saw her alive on 6-6 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Surgure of left leg

Due to Emboli from fractured left hip

Due to Fall in home about 8 to 10 yrs. previous

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy PS

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 2

23. Signature L. W. McAdonald (M. D. or other) DO  
Address Unionville, Mo. Date signed 6-12-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

86  
0  
9

RECEIVED  
District Health Officer No. 18  
District File Number 6-47-715  
Date Filed JUN 24 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 J. O. Husted  
Licensed Embalmer No. 2975  
P. O. Address Winnonville, 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.