

FILED OCT 27 1947

Registration District No. 127 Primary Registration District No. 424 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Martha Ellen 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 W.S. Smith 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March 17th, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

12. Name James Guthrie

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

14. Maiden name Mary E. Haze

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

16. (a) Informant John Emory Smith

(b) Address Mound City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/47
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Mound City, Missouri

19. (a) 10-14-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Mound City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1947 hour 12 minute 30 A.P.M.

21. I hereby certify that I attended the deceased from Oct 9 1947 to Oct 12 1947 that I last saw her alive on Oct 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy g2B

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) _____

Address Mound City Date signed 10/14/47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameroon, 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.....

W. H. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Warren City, 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.