

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40761**

FILED NOV 20 1947

Registration District No. **375**

Primary Registration District No. **4551**

Registrar's No. **45**

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

1. PLACE OF DEATH,
 (a) County Wright
 (b) City or town Hartsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at her home in Hartsville
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community 79 yrs.

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

3. (a) PRINT FULL NAME ELZONE SMITH
 (b) If veteran, name war _____
 (c) Social Security No. None

20. DATE OF DEATH: Month 10 day 17
 year 1947 hour 12:00 minute 15A. M.

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, 2 divorced, Widowed
 (b) Name of husband or wife H. Smith
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 5 20 1859
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-7 1947 to 10-17 1947
 that I last saw her alive on 10-16 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 5 27 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs.
 Due to Chronic nephritis year.

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

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: 131B
 Of operations _____
 Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Turner

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

14. Maiden name Armanda Patterson

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

16. (a) Informant Miss Doris Rainey

(b) Address Hartsville Mo.

17. (a) Burial (b) Date thereof 10 19 47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steel Mem. Park

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartsville, Mo

19. (a) Nov. 5, 1947 (b) E. Garner
 (Date received local registrar) (Registrar's signature)

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 L
 23. Signature J. W. Orth (M. D. or other)
 Address Hartsville, Mo Date signed 10-18-47

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1147-1170

Date Filed NOV 12 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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, Ms

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.