

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

FILED FEB 27 1948

Registration District No. **297**

Primary Registration District No. **4433**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Putnam**

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

(c) Name of hospital or institution: **Monroe Hospital & Clinic**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Fifty Days**
(Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putnam**

(c) City or town **Unionville**
(If outside city or town limits, write "RURAL")

(d) Street No. **r**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Clara Bell 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 **Widow**

6. (b) Name of husband or wife **William Smith**

6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased **5 22 1865**
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **17**
If less than one day hr. min.

9. Birthplace **Putnam Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired House Keeper**

11. Industry or business _____

12. Name **G. W. Houston**

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

14. Maiden name **Martha Colwell**

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

16. (a) Informant **Mrs. Noah Matthews**

(b) Address **R5 Unionville Mo.**

17. (a) **Burial** (b) Date thereof **2-17-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thompson Ceme.**

18. (a) Signature of funeral director **Husted & Son**

(b) Address **Unionville Mo.**

19. (a) **2-17-48** (b) **Marvell Durbin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **9**
year **1948** hour **2:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 20**
1948, to **Feb 9** **1948**

that I last saw her alive on **Feb 9** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Emaciation**

Due to **Carcinoma of stomach**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **46 B**

Of autopsy _____

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 **Chas L Judd** (M. D. or other) **Dr**
Address **Unionville Mo** Date signed **2-17-48**

Duration **3 weeks**

years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 24827

Date Filed FEB 25 1948

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 Murd E. Susted
Licensed Embalmer No. 3304
P. O. Address Monroe, 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.