

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5889**

FILED MAR 5 1948

Registration District No. **381**

Primary Registration District No. **6032**

Registrar's No. **2288**

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan, 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)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Ripley

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

(d) Street No. 2 1/2 mi. S.E. Doniphan
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Adeline Smith

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-1-48 to 1-8-48
that I last saw her alive on 1-8-48
and that death occurred on the date and hour stated above.

5. Color or race white

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

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

6. (c) Age of husband or wife if alive Dec. 20, 1863 years (Day) (Year)

7. Birth date of deceased Dec. 20, 1863
(Month) (Day) (Year)

Immediate cause of death: Lobar Pneumonia. Duration 2 days.

Due to General Debility of age.

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

8. AGE: Years Months Days If less than one day

84 0 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Richard Smith

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

14. Maiden name unknown

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

16. (a) Informant Home Council

(b) Address Doniphan, Mo. Rt. 1

17. (a) Burial (b) Date thereof 1-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Security Cem.

18. (a) Signature of funeral director Law Edwards

(b) Address Doniphan, Mo.

19. (a) 1-15-48 (b) E.B. Johnston
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 108

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? _____

23. Signature Blifford J. Fort (Specify type of place) (M. D. or other)

Address Doniphan, Mo. Date signed 1-15-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

RE

D:

348949
3-4-48

District No. _____

Date Filed _____

Not Embalmed

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 *Walter Johnson*

Licensed Embalmer No. *4271*

P. O. Address *Hampton, Va*

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.