

No. 2
-1/47
-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9759
Registrar's No. 40

FILED APR 8 1948

Registration District No. 278

Primary Registration District No. 5953

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
H. J. Louisiana, 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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

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

(d) Street No. 1001 Georgia St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ Years

7. Birth date of deceased August 23 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	7	2	_____hr. _____min.

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

10. Usual occupation homemaker, Retired

11. Industry or business Own home

12. Name Thomas Smith

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

14. Maiden name Frances McGary

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

16. (a) Informant Martin Lafferty

(b) Address Louisiana, Missouri

17. (a) Burial (burial, cremation, or removal) Burial

(b) Date thereof 3/28/48
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Pike Co.

18. (a) Signature of funeral director Haley Mortuary

(b) Address Louisiana, Missouri

19. (a) 3/27/48 (Date received local registrar)

(b) Fannie Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 8:30PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to General Debility

& Sarcoma

of Breast

Duration

1 wk.

2 mo.

5 yrs.

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause of 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? _____
(Specify type of place)

23. Signature Chas H. Jeweller (M. D. or other) M.D.

Address Louisiana, Mo. Date signed 3/30/48

RECEIVED
District Health Officer No. 10
District File Number 44865
Date Filed APR -7 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, ~~my~~.....

~~Registered Apprentice No.~~.....

~~under my personal supervision.~~

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, Missouri

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.