

S. No. 2  
11-10-39  
3-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 19 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13298

State File No.

Registration District No. 172

Primary Registration District No. 5707

Registrar's No. 10

1. PLACE OF DEATH:

(a) County one Donald  
(b) City or town Rural one millington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6 mis n. w. of Anderson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one Donald  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 mis n. w. of Anderson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

8. (a) PRINT FULL NAME MARY EILEEN SMITH

3. (b) If veteran, name war none B. (c) Social Security No. none

4. Sex female 5. Color or race an 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 Dec 20 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 2 13 ✓ hr. ✓ min.

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

10. Usual occupation infant

11. Industry or business ✓

MOTHER FATHER  
12. Name Edgar Smith  
13. Birthplace Jasper Co. mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Edith Seuller  
15. Birthplace Anderson mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Smith  
(b) Address Anderson, mo.

17. (a) Burial (b) Date thereof 3-5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near Bethel

18. (a) Signature of funeral director Lutera Funeral Home  
(b) Address Anderson, mo

19. (a) 4-1-48 (b) Virginia Buck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 4th  
year 1948 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 1st, 1948 to 3-4 1948  
that I last saw her alive on 3-3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Congenital Heart Disease  
(Include pregnancy within 3 months of death)  
(Blue Baby)

Major findings: Of operations \_\_\_\_\_ PHYSICIAN

Of autopsy 15 7E

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 mo.

23. Signature J. P. Harnack (M. D. or other) mo.  
Address Southwest City, mo. Date 3-10-48

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

RECEIVED

District Health Officer No. 6,

District File Number 748-401

Date Filed MAR 15 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 me

....., Registered Apprentice No. V  
working under my personal supervision.

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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, above space should be left blank.