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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13556

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1008 Jefferson, Ave.
(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-time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Jefferson, Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LINDA J. SMITH

3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased August (Month) 31, (Day) 1947 (Year)

8. AGE: Years 0 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Caruthersville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation X
11. Industry or business X

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

MOTHER
14. Maiden name Betty Jo Smith
15. Birthplace Cooter, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Gypsy Hughes
(b) Address Caruthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director H.S.Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 4-14-48 (Date received local registrar) (b) Jessie B. Weeks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1948, to April 8, 1948, that I last saw her alive on April 7 1948, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Empyema — Duration 2 months

Due to Unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None done
Of autopsy None done

PHYSICIAN
Underline the cause to 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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address Caruthersville Mo Date signed 4/10/48

(Licensed Embalmer's Statement on Reverse Side)

4-48-130

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Farmingsville, Me

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.