FILED NOV 9 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33599
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid — Registration District No. 239
(b) Township Como — Primary Registration District No. 5825 — Registered No. 38
or
(c) City Parma — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 12 hrs. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Betty Louise Smith
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct; 25 1948
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parma Mo; 0

FATHER
13. NAME Meddie Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Tenn;

MOTHER
15. MAIDEN NAME Louise Middleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Tenn;

17. INFORMANT (ADDRESS) Meddie Smith Parma Mo;
18. BURIAL, [redacted]
PLACE Taylor Cemetery DATE Oct; 26 1948
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Funeral Service Parma Mo
20. FILED 10/28/48, 19 Dr. Geo W Husted Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct; 25 1948 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1948, to Oct 25 1948
I last saw her alive on Oct 25, 1948 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation due to attempted breathing before birth

160

Other contributory causes of importance:
Cord had knot so tightly drawn no blood circulating thru it at time of birth

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Geo W Husted MD, M. D.
(Address) Parma Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING [redacted] THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

RECEIVED
District Health Office No. 2,
District File Number 11d8-1502
Date Filed 11-5-48

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.