

No. 300
-10-47
5-17-39
I 3908

FILED DEC 7 1948

Registration District No. 98

Primary Registration District No. 4165

Registrar's No. 98

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Letha Elizabeth Smith

3. (b) If veteran, name war None | 3. (c) Social Security No. None

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William T. Smith | 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased May 1 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>22</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name James K. Evans

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

14. Maiden name Dora Jones
(City, town, or county) (State or foreign country)

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

16. (a) Informant William T. Smith

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 11-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Creek Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 22 Nov 1948 (b) Virginia M. Engleman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess
 (c) City or town Gallatin
(If outside city or town limits, write "RURAL")
 (d) Street No. ---
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
 year 1948 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 1
1948 to Nov 23, 1948
 that I last saw her alive on Nov 22, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular
renal disease, mitral leak by a
Epilepsy
 Duration _____

Due to _____

Due to _____

Other conditions 1370
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Hub Bailey M. D. or other _____
 Address Gallatin MO Date signed 11-29-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *L. O. Dickerson*.....

Licensed Embalmer No. *3302*.....

P. O. Address *Gallatin, 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, fact should be so stated above.