

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1949

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 423

12
7
3

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

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South Wilson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Four Years
years, months or days

3. (a) PRINT FULL NAME Ida Imiline SMITH

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Dan Smith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEBRUARY 19 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Hamilton County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Izear Johnson

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

14. Maiden name Hannah E. Geins

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

16. (a) Informant Mrs. Dollie Russell

(b) Address R#4 McLeansboro, Ill.

17. (a) Burial (b) Date thereof Dec 27, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek Cem.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 1-4-49 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

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

(d) Street No. South Wilson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1948 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from 10 Nov, 1948 to 25 Dec, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Metastases of Carcinoma of

Due to Bladder (Primary)

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

Major findings: Of operations _____

Of autopsy 52B

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 U

23. Signature [Signature] (M.D. or other) _____

Address Poplar Bluff Mo Date signed 1/7/49

Duration 3 mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 149-37
Date Filed 1-10-49

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.....
working under my personal supervision.

Signed Lloyd Russell
Licensed Embalmer No. 509
P. O. Address Piggott, Ark

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.