

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39744

Registration District No. 47

Primary Registration District No. 4168

Registrar's No. 70

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Maysville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: James Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Mos.
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32

(c) City or town Maysville (Rural)
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME JULIA BERTHA SMITH

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1948 hour 8 minute 10 A.M.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 3 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 28, 1948, to Dec 12, 1948, that I last saw her alive on Dec 12, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 9 If less than one day hr. min.

Immediate cause of death: Cerebral Hemorrhage 15 days

9. Birthplace DeKalb County Mo. 0
(City, town, or county) (State or foreign country)

Due to: Hypertension

Due to:

10. Usual occupation Housewife

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

11. Industry or business

MOTHER FATHER { 12. Name Fredrick Warner 4

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

14. Maiden name Pauline Lippold 7

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

Major findings: Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant Thede Warner

(b) Address Maysville Missouri

17. (a) Burial (b) Date thereof Dec. 13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

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?

18. (a) Signature of funeral director PILGHER FUNERAL HOME
(b) Address MAYSVILLE MISSOURI

While at work? (Specify type of place) (e) Means of injury 2

19. (a) 12-13-48 (b) [Signature] (Registrar's signature)

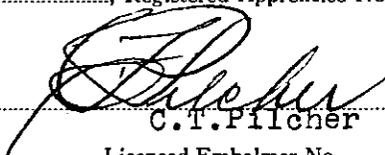
23. Signature: [Signature] (M. D. or other) [Signature]
Address Maysville Mo 12/13-48
date signed

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

DEC 30 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 Neal R. Dawson, Registered Apprentice No. 484, working under my personal supervision.

Signed 
C.T. Pilcher
Licensed Embalmer No. 3960
P. O. Address Maysville 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.