

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42872**

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY OR TOWN Eminence, Mo		c. CITY OR TOWN Eminence, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) **Sarah Ann Smith**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 26th 1948**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) **Widowed**

8. DATE OF BIRTH **Sept, 18, 1861** 9. AGE (In years last birthday) **87**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housekeeper**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Shannon Co Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John W. Alley** 13b. MOTHER'S MAIDEN NAME **Gracie Mahan** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **No** 17. INFORMANT'S SIGNATURE OR NAME **Alex Alley** ADDRESS **Eminence Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **myocarditis**

ANTECEDENT CAUSES (b) _____ (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) **932**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 19, 1948, to Dec 26, 1948, that I last saw the deceased alive on Dec 25, 1948, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **M. E. Emery M.D.** 23b. ADDRESS **Eminence** 23c. DATE SIGNED **1-3-48**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Dec 28 48** 24c. NAME OF CEMETERY OR CREMATORY **Alley Cem.** 24d. LOCATION (City, town, or county) (State) **Eminence Missouri**

DATE REC'D BY LOCAL REG. **1-8-49** REGISTRAR'S SIGNATURE **W. S. Rogers** 306 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Duncan Funeral Home, Mtn View, Mo**

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

RECEIVED 1-12-49
District Health Officer No. 5,
District File Number 14920
Date Filed 1-12-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joel L. Duncan

Licensed Embalmer No. *4325T*

P. O. Address *Antioch, Tenn.*

Signed _____
Student Embalmer

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.