

FILED FEB 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2303

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 8

89

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

1. PLACE OF DEATH
a. COUNTY Ray

2. USUAL RESIDENCE (Where deceased lived. If institution: residence-before admission).
a. STATE Mo b. COUNTY Ray

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grapegrove, Rural

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Grapegrove

c. LENGTH OF STAY (In this place) 6 Years

d. STREET (If rural, give location) ADDRESS Two Miles West of Millville, Mo

d. FULL NAME OF HOSPITAL OR INSTITUTION Two Miles West, Millville, Mo

3. NAME OF DECEASED (Type or Print) a. (First) Sophia b. (Middle) - c. (Last) Smith 4. DATE OF DEATH (Month) (Day) (Year) 1/18/49

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August 25, 1890 9. AGE (In years last birthday) 58 Months 4 Days 23

11. BIRTHPLACE (State or foreign country) Ray County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

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

10b. KIND OF BUSINESS OR INDUSTRY

13a. FATHER'S NAME Wesley Johnson

13b. MOTHER'S MAIDEN NAME Julia Burgess

14. NAME OF HUSBAND OR WIFE James A. Smith

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. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Smith, R.F.D. #3 Richmond, Mo.

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease (Mitral Stenosis) 10yr
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4/2/49

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) m.

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 6-1-48, 19 , to 1-18-49, 19 , that I last saw the deceased alive on 1-15-49, 19 , and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos J. Covick, M.D.

23b. ADDRESS Richmond, Mo.

23c. DATE SIGNED 1-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/21/49

24c. NAME OF CEMETERY OR CREMATORY Dockery Cemetery

24d. LOCATION (City, town, or county) (State) Dockery, Mo.

DATE REC'D BY LOCAL REG. Jan 25-1949

REGISTRAR'S SIGNATURE Mabel Jackson 293

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quest-Lile F. Home, Richmond, Mo.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-9-19

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.

Student
Student Embalmer

Signed Louis Quest
.....
Licensed Embalmer No. 4096

P. O. Address Richmond, 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.