

FILED AUG 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3784

3784

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG., DIST. NO. 5575		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martin City		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martin City		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address				d. STREET ADDRESS (If rural, give location) no street address			
3. NAME OF DECEASED (Type or Print)		a. (First) Lucinda		b. (Middle) Belle		c. (Last) Smith	
4. DATE OF DEATH		(Month) July		(Day) 28,		(Year) 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 25, 1867	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 6		IF UNDER 24 HRS. Days 3		Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Bolivar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jesse Welsh			13b. MOTHER'S MAIDEN NAME Martha McCrory		14. NAME OF HUSBAND OR WIFE George Daniel 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jack Reed, Martin City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA AND PLEURAL EFFUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDITIS, CHRONIC DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SPLENITIS, SCLEROTIC, CHRONIC					INTERVAL BETWEEN ONSET AND DEATH 6 Mo. 2 YRS. 5+ YRS. 2+ YRS.
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT-SUICIDE-HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MARTIN CITY, JACKSON, MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE			
22. I hereby certify that I attended the deceased from JUNE 7, 1949 , to JULY 28, 1950 , that I last saw the deceased alive on July 28, 1950 , and that death occurred at 10:25 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Herbert A. Tracy, M.D.				23b. ADDRESS BELTON, MISSOURI		23c. DATE SIGNED July 29, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 50	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery		24d. LOCATION (City, town, or county) (State) Belton, Missouri		
DATE REC'D BY LOCAL REG. 8/4/50		REGISTRAR'S SIGNATURE Dr. Annie G. Hodges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. T. George, Belton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 RECD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. K. Brown

Signed.....
Student Embalmer

Licensed Embalmer No. _____

3645

P. O. Address _____

Grandview, 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.