

REC'D MAR 16 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

*Stauffacher*

7438  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
 (b) Township ..... Primary Registration District No. 3032  
 (c) City Sedalia (d) Street No. 1811 So. Montgomery St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Rose Marie Smith  
 (a) Residence, No. 1811 So. Montgomery St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Sedalia 0  
 (STATE OR COUNTRY) Mo. 1

FATHER 13. NAME Lloyd Smith  
 14. BIRTHPLACE (CITY OR TOWN) Iola 0  
 (STATE OR COUNTRY) Kans.

MOTHER 15. MAIDEN NAME Ruth Busick  
 16. BIRTHPLACE (CITY OR TOWN) Versailles 0  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Lloyd Smith  
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Crown Hill DATE Feb. 11, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
 (ADDRESS) Sedalia, Mo.

20. FILED 2-13- 1939 Miss Harry Sneed  
 Local Registrar. 906

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Sedalia 1939, to Feb 10, 1939  
 I last saw her alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Pulmonary atelectasis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Jordan Stauffacher, M. D.  
 (Signed) Sedalia Mo

80  
4  
4

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3/6/39

**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 \_\_\_\_\_,  
Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**