

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Rowling
Charleston, Mo.

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

11598
Do not use this space.

RECD APR 19 1939

1. PLACE OF DEATH
 (a) County MISSISSIPPI Registration District No. 647
 (b) Township St. James Primary Registration District No. 5763
 (c) City WHITING (d) Street No. _____ 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 RUTHIE SHIVERS SMITH.
 (a) Residence, No. 530 Mississippi, Co. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jake Smith.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1872
 7. AGE YEARS 66 MONTHS _____ DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 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. Keeping house.
 10. Date deceased last worked at this occupation (month and year) Mar. 10, 1938 11. Total time (years) spent in this occupation life.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 FATHER
 13. NAME James Travis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 MOTHER
 15. MAIDEN NAME Nannie Caldwell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 17. INFORMANT (ADDRESS) Jake Smith
East Prairie
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ammonson Mo. DATE 3/14 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Travis N. Shelby
East Prairie Mo.
 20. FILED 3-14 1939 Mrs. G. M. Hodger
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13 1939
 22. I HEREBY CERTIFY, That I attended deceased from 11/15 1938 to 3/13 1939
 I last saw h. e. r. alive on 3/9 1939 at 4 P. m. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cardio Renal disease with Hypertension P.K.
45 W
 Other contributory causes of importance:
Cerebral hemorrhage 3/2/39
 Name of operation none Date of _____
 What test confirmed diagnosis? C. spinal Where 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 _____
 (Signed) G. Chris Rowling M. D.
577 (Address) Charleston Mo.

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 *Travis N. Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prussia*

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.