JUL 11 1939

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

21700
Do not use this space.

1. PLACE OF DEATH
(a) County Calloway Registration District No. 104
(b) Township or City Fulton Primary Registration District No. 3008 Registered No. 155
(c) City Fulton (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 Elizabeth Marsinkhoff Smith
(a) Residence, No. Fulton, Missouri St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1879

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) (STATE OR COUNTRY) Germany

FATHER
13. NAME John Marsinkhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER
15. MAIDEN NAME Gertrude Rebers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT Margaret Fowler (ADDRESS) Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cemetery DATE June 11, 1939

19. FUNERAL DIRECTOR (NAME) Leo G. Wallace (ADDRESS) Fulton, Missouri

20. FILED June 10, 1939 R. N. Crum, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/31/39, 19 to 6/9/39, 19
I last saw her alive on 6/9/39, 19. Death is said to have occurred on the date stated above, at 11-10 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Peritonitis general, following ruptured appendix, walled off, later Appendectomy and drain. Obese abdomen marked.

Other contributory causes of importance:
Hypertention, oedema legs bilateral
Old, leg ulcer, left, lower third.

Name of operation Appendectomy drain. Date of
What test confirmed diagnosis? P.E. Op. 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
(Signed) George W. McCall, M. D.
(Address) Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT.

X16505

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 Harold J. Christey

Licensed Embalmer No. 4005

P. O. Address Deltona, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.