

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 801 Primary Registration District No. 6045

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Liberty  
(c) Name of hospital or institution Sweet Springs  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life years, months or days

8. (a) PRINT FULL NAME CORAL SMITHEY  
8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Richard Smithey 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased DEC 12 1868 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline Co Mo (City, town, or county) (State of foreign country)

10. Usual occupation Home wife

11. Industry or business at home

MOTHER FATHER { 12. Name Richard Hicks  
13. Birthplace Ill  
14. Maiden name Winifred Lees  
15. Birthplace Mo

16. (a) Informant's own signature Richard Smithey  
(b) Address Sweet Springs Mo

17. (a) Rural (b) Date thereof Sept 22 1939  
(c) Place: burial or cremation Catholic cemetery

18. (a) Signature of funeral director R. Carter  
(b) Address Sweet Springs Mo

19. (a) Sept 22 (b) Mrs. E. Bell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Saline  
(c) City or town Rural  
(d) Street No. Liberty  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

20. DATE OF DEATH: Month Sept day 20 year 1939 hour 12:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 10, 1939, to Sept 20, 1939; that I last saw her alive on Sept 18, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum Duration \_\_\_\_\_  
Due to 46  
Due to \_\_\_\_\_

Other conditions Cardiac weakness  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Phyllis L. Pennington (M. D. or other) MD  
Address Sweet Springs Mo Date signed Sept 28

RECEIVED  
District Health Officer No. 8,  
10/19/99  
Filed  
Serial File Number

**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 *R. C. Carter*

Licensed Embalmer No. 3513

P. O. Address *Street*

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

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