

STANDARD CERTIFICATE OF DEATH

State File No. **43239**

Registration District No. **17**

Primary Registration District No. **17**

Registrar's No. **9**

1. PLACE OF DEATH **DeKalb**
 (a) County **DeKalb**
 (b) City or town **DeKalb**
 (c) Name of hospital or institution: **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **Jennie D Smith**
 3. (b) If veteran name war _____
 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **1**
 6. (b) Name of husband or wife **Victor Smith**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb 2 1874**
 (Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Housewife**
 (City, town, or county) (State or foreign country)

10. Usual occupation **S**

11. Industry or business **S**

MOTHER FATHER
 12. Name **John Jagan**
 13. Birthplace **Beland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary C Price**
 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary C Rogers**

(b) Address **1301 Locust Des Moines Ia**

17. (a) **Burial** (b) Date thereof **Jan 1 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Keller Cemetery**

18. (a) Signature of funeral director **F. J. Brown**

(b) Address **Stewartville Mo.**

19. (a) **12-31-39** (b) **L E Saunders**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **DeKalb**
 (c) City or town **rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**
 year **1939** hour **10** minute **30 A. M.**
 21. I hereby certify that I attended the deceased from **Dec 31**, 19**39**, to **Dec 30th**, 19**39**
 that I last saw her alive on **Dec 30**, 19**39**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of right breast** **2 yrs**
 Duration

Due to _____
 Due to **50**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Carcinoma**
 Of operations _____
 Of autopsy _____

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) (a) Means of injury _____

23. Signature **L E Saunders** (M. D. or other) **1**
 Address **Stewartville Mo** Date signed **12-31-39**

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.

Classified by 44-1132

RECEIVED

District Health Officer No. 11,

District File Number 140-1985

Date Filed JAN 16 1940

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 F. J. Lyon

Licensed Embalmer No. 952

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.