

NEEDVAN 8 1846

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

43881
Do not use this space.

1. PLACE OF DEATH

(a) County Lecoma Registration District No. 477
 (b) Township Richmond Primary Registration District No. 4291 Registered No. 46
 (c) City Monticello (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 6 yrs. 2 mos. 23 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME Elizabeth Amanda Smith

(a) Residence, No. _____ 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6. 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 2 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wkgr
 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) Monticello Mo.
 FATHER 13. NAME Joel C. Frazier
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Mary Musser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Mo.
 17. INFORMANT Mrs. Fred Leaser
 (ADDRESS) Card Monticello Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Monticello DATE Dec. 31. 1939
 19. FUNERAL DIRECTOR Coder J. H.
 (ADDRESS) Lewistown
 20. FILED Dec. 30. 1939 H. W. Harvill M.D. 430 (Address) _____
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1939, to Dec 29 1939
 I last saw her alive on Dec 29 1939 Death is said to have occurred on the date stated above, at 11 A. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
82 W
 Date of onset Dec 26
 Other contributory causes of importance:
Arterial Hypertension Dec 31
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Aspnt 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) J. D. Phillips
Caplan Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-57

Date Filed JAN 5 1940

STATEMENT BY LICENSED EMBALMER

I, James A. Odier, Licensed Embalmer No. 2532

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed James A. Odier
Licensed Embalmer No. 2532

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.)