

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6149

Registration District No. 102

Primary Registration District No. 3150

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: 56 yrs.
In this community 56 yrs.
years, months or days

3. (a) PRINT FULL NAME

Laura Francis Smith 530

3. (b) If veteran, name war

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 10 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>17</u>	hr. min.

9. Birthplace Fulton
(City, town, or county)

Mo 0
(State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Jacob Houf

13. Birthplace Vir.
(City, town, or county) (State or foreign country)

14. Maiden name ELiza Hardin
(City, town, or county) (State or foreign country)

15. Birthplace Vir.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oris Smith
(b) Address Putnamville Mo.

17. (a) Burial (b) Date thereof Feb. 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Putnamville Cemetery

18. (a) Signature of funeral director Hughes Maupin
(b) Address Putnamville Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature) 100

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway
(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 Feb. day 27th
year 1940 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from February 27, 1940, to Feb 27, 1940, that I last saw her alive on February 27, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage or thrombus
Duration _____

Due to _____
Due to _____

Other conditions Inflammation of the bowels
(Include pregnancy within month of death)

Major findings: No autopsy
Of operations _____
Of autopsy _____
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 E. B. Nichols (M. D. or other) _____
Address Putnamville Mo. Date signed 2-28-40

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 *Hughes Marpin*
Licensed Embalmer No. *2358*
P. O. Address *Aux Vasse Mo*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6149
Registrar's No. 36

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 102

Primary Registration District No. 5150

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Jacksboro
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____ (Specify whether
years, months or days)

3. (a) PROFIT Laura Francis Smith
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 81 Months 9 Days 17 If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

{ 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) Feb 28 1940 (b) C. B. Nichols
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Feb day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 C. B. Nichols (M. D. or other) _____
Address Lawrence Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

