No. 2
11-10-39
-17-39
X21492

MAY 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Carlisle

State File No. 15741

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 141

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits write "RURAL")

(d) Street No. 643 East 10th.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henrietta Louise Smith 530

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 Widowed

6. (b) Name of husband or wife Jacob J. Smith

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

7. Birth date of deceased Jan. 10, 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Godfrey Frank
13. Birthplace Unkown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Louise Holtzen
15. Birthplace Unkown (City, town, or county) (State or foreign country)

16. (a) Informant M.T. Maroney
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 4-10-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1940 hour 7 minute 15 P M.

21. I hereby certify that I attended the deceased from April 5, 1940, to April 8, 1940 that I last saw her alive on April 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Probable Cerebral Hemorrhage — Duration few hours

Due to Hypertension - Arteriosclerosis - Chr Nephritis

Due to

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

Major findings: ✓
Of operations

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) no
(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? ✓ (Specify type of place)
While at work? (e) Means of injury

23. Signature Jno B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo. Date signed 4-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-15-40

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 L. L. Boulelin
Licensed Embalmer No. 3847
P. O. Address Sedalia Mo

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

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