

Registration District No. 10-84

Primary Registration District No. 5062

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn  
(c) City or town Rural  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. 1 mi north of Heckley  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Jo Ann Smith 530

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James R. Smith

13. Birthplace Linn Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Helen A. Keeler

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

16. (a) Informant's own signature Edith Keeler

(b) Address Sumner Mo.

17. (a) Burial (b) Date thereof May 12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director E. J. Robertson

(b) Address Farlds Mo.

19. (a) May 3, 1940 (b) Elva Rookshauke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 10-40  
\_\_\_\_\_, 19\_\_\_\_, to May 11, 1940  
that I last saw her alive on May 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Asphyxia  
Due to Patulous Foramen Ovale

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 157C

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? 455

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

23. Signature S. H. Hanson (M. D. or other) MD

Address Madison Mo Date signed 5/12/40

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE LEGIBLY—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.

1 X 10311

RECEIVED  
District Health Officer No. 11;  
District File Number 740-154  
Date Filed JUL 9 1940

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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.....

*E. J. Robertson*

Licensed Embalmer No. 2448

P. O. Address Fareed, Md.

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.