

Registration District No. 611

Primary Registration District No. 4365

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(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 unknown
years, months or days)

3. (a) PRINT FULL NAME Mattie Smith 530

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

4. Sex Female race White 5. Color or race _____
6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased February 22nd, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Franklin Carothers
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Synthia Majors.
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ruby Peden
(b) Address Coweta, Okla.

17. (a) Burial (b) Date thereof 5-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) June 1, 1940 (b) Merle Spaulin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca
(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 May day 6th
year 1940 hour 2: minute 10 A.M.

21. I hereby certify that I attended the deceased from 5-2-40
5-6-40, 1940, to 5-6-40, 1940,
that I last saw her alive on 5-5-, 1940:
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Duration _____

Due to _____

Due to _____

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

Major findings: none
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) _____

(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? 5-7-40
none

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

23. Signature W. E. Barnard (M. D. or other)

Address Seneca Mo. Date signed _____

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. 6,

District File Number 740-9364

Date Filed JUL 12 1947

JUL 12 1947

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.....

Licensed Embalmer No. 2272

P. O. Address Overthruge

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.