

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural - Prairie Township
(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 Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Prairie Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour 7 minute 30 A.M.

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

Immediate cause of death Diabetic mellitus
Duration _____

Due to _____ 54
Due to _____

Other conditions Diabetic gangrene
(Include pregnancy within 3 months of death) foot

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 W. E. Mitchell (M. D. or other) _____
Address St. Clair Date signed 7/22/40

3. (a) PRINT FULL NAME MARTHA SMITH

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

4. Sex Female 5. Color or race White 3. (a) Single, widowed, married, divorced, Widowed

6. (a) Name of husband or wife, Peter Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 17, 1895
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ruben Cardwell

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

14. Maiden name Loretta Sussman

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

16. (a) Informant's own signature W. E. Smith

(b) Address Lorell, Mo.

17. (a) Burial (b) Date thereof July 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Respect Cemetery

18. (a) Signature of funeral director St. Clair

(b) Address _____

19. (a) _____ (b) R. H. Duckworth
(Date received local registrar) (Registrar's signature)

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.

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 *J. M. Levet*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Clair, 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.