DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31299

Registration District No. 1506 Primary Registration District No. 5034 Registrar's No. 118

1. PLACE OF DEATH:

(a) County Andrain

(b) City or town Marion (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) 2

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain

(c) City or town Marion R. H. Rural (If outside city or town limits, write "RURAL")

0

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Hattie Hardin Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Ebner Smith

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

7. Birth date of deceased June 11, 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Ebner Hardin

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs Harry Hazelwood

(b) Address Mexico Mo R R D

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas Arnold Jr

(b) Address Mexico Mo.

19. (a) Sept 7-1940 (Date received local registrar) (b) Blanche Reed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1940 hour 11 minute 9 A.M.

21. I hereby certify that I attended the deceased from July 1, 1940 to Sept. 6, 1940 that I last saw her alive on Sept 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chr.

Due to Cirrhosis of liver

Due to 124 B

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

Major findings: Glaucoma - Blindness

Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. Williams (M. D. or other) M D

Address Mexico Mo Date signed 9-7-40

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X19511

RECEIVED
District Health Officer No. 10
District File Number 10-40-1927
Date Filed OCT 18 1940

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 [illegible]

Licensed Embalmer No. 356.9

P. O. Address Murphy 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.