

**DEC 12 1940**

Registration District No. **651**

Primary Registration District No. **4388**

Registrar's No. **108**

1. PLACE OF DEATH:  
(a) County **Deming**  
(b) City or town **Canthersville**  
(c) Name of hospital or institution:  
**NEAR RIVER**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **1 year**  
years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME **Patsy Ruth Smithhead**  
8. (b) If veteran, name war **none**  
8. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 30, 1938**  
(Month) (Day) (Year)

8. AGE: Years **2** Months **7** Days **8**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **none**

11. Industry or business **none**  
12. Name **Edward Smithhead**  
13. Birthplace **Pates, Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Frances East**  
15. Birthplace **Phenix, Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Paul P. ...**  
(b) Address **Canthersville, Mo.**

17. (a) **Burial** (b) Date thereof **11/19/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Canthersville, Mo.**

18. (a) Signature of funeral director **La Forge and Co.**  
(b) Address **Canthersville, Mo.**

19. (a) **Nov. 13, 1940** (b) **Eda Martin**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Deming**  
(c) City or town **Canthersville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Near River**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **8**  
year **1940** hour **2** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 7, 1940** to **Nov. 8, 1940**;  
that I last saw **her** alive on **Nov. 7, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis, acute.**  
Due to **undetermined**  
Due to **N.M.D.**

Other conditions (include pregnancy within 3 months of death) **120**

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
**500** (Specify type of place) \_\_\_\_\_  
**While at work** (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature **Geo. P. ...** (M. D. \_\_\_\_\_)  
Address **Canthersville, Mo.** Date signed **11-15-40**

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.

12-40-27

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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.....

*Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**