

Registration District No. 290 Primary Registration District No. 5408 Registrar's No.

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dunklin Rural
(b) City or town Rural
(c) Name of hospital or institution: 1. Salem Hosp.
(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

3. (a) PRINT FULL NAME Opal Kelly Smith
3. (b) If veteran _____ name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 12 - 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace not known (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name not known Kelly
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Jennie not known
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bette Gamlin
(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof Feb. 2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manier, Ark.

18. (a) Signature of funeral director W. J. Howard
(b) Address Leachville, Ark.

19. (a) Feb. 4-1941 (b) A. D. McDaniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Rural
(If outside city or town limit: 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 Jan. day 30 -
year 1941 hour 9 minute a.m.
21. I hereby certify that I attended the deceased from 1-30 1941, to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accident Struck by Frisco train at Hillman crossing Duration _____
Due to crushing her to death
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
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) accident 35
(b) Date of occurrence 1-30-41

(c) Where did injury occur? Dunklin, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rail Road Crossing
(Specify type of place)
While at work? (e) Means of injury train

23. Signature Paul Lanier (Mr., Dr., or other)
Address Smith Mo Date signed 1-30-41

164
99

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 W. W. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2485-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Salem, Mo.
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 7-2-41

Highway department gives
place of residence as

(a) Street _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. Main St Ark
(If rural, give location)

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

3. (a) PRINT FULL NAME Opal Kelley Smith

3. (b) If veteran, name war _____ 3. (c) Social Security _____

20. DATE OF DEATH: Month Jan day 30
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

Immediate cause of death accident struck by passenger train at Highway Crossing Creek
Due to long turn to ditch

8. AGE: Years 40 Months 4 Days 18 If less than one day _____ hr. _____ min.

Due to train and auto accident
road crossing

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

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 3 acc

(b) Date of occurrence 1-30-1941

(c) Where did injury occur? Dunklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. Crossing

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

23. Signature Geo. G. Simpson (M. D. or other) _____
Address 7 Main St Ark Date signed 4-24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

