

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

FILED FEB 18 1941

Registration District No. **487** Primary Registration District No. **6179** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
 (b) City or town Potosi Rural Dist. 110
 (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 Wash 110
 (c) City or town Potosi (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 Dec day 30 year 1940 hour 7 minute 0 P.M.
 21. I hereby certify that I attended the deceased from _____ 19____;
Did not attend
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

4. Sex W 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased Dec 20 1940
 (Month) (Day) (Year)

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

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

10. Usual occupation Hom

11. Industry or business _____

MOTHER FATHER
 12. Name Averyley Smith
 13. Birthplace Potosi (City, town, or county) Mo (State or foreign country)
 14. Maiden name Ruby Mass
 15. Birthplace Iran (City, town, or county) Mo (State or foreign country)

16. (a) Informant Averyley Smith
 (b) Address Potosi Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1940
 (Month) (Day) (Year)

(c) Place: burial or cremation Mission Ridge
 18. (a) Signature of funeral director Mark C. ...
 (b) Address Potosi Mo

19. (a) Jan 1 41 (Date received local registrar) (b) G. P. ... (Registrar's signature)

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 on or about _____, on farm, in industrial place, in public place?
Wash Co. Physician
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature G. P. ... (M. D. or other) _____
 Address Potosi Mo Date signed 1941

FOR EMBALMERS USE ONLY

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.....

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, fact should be so stated above.

Registration District No. 887

Primary Registration District No. 6179

Registrar's No. _____

ROWENTON

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

1. PLACE OF DEATH

(a) County Wash.
 (b) City or town Bretton T.P.
(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 _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
 year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced child
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

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

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

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

Due to _____
 Due to _____

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

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

10. Usual occupation _____

Major findings:
 Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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) June 21-41 (b) G. F. Cresswell
(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) _____
 (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 G. F. Cresswell (M. D. or other) _____
 Address patosi mo Date signed _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

