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

MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15218

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 50

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 Vine Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 209 Vine Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sandie Smith
3. (b) If veteran, name war X X X
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Smith
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Jan. (Month) 15 (Day) 1913 (Year)

8. AGE: Years 28 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Wardell (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation House wife.
11. Industry or business At Home
MOTHER FATHER
12. Name Lug Pastor
13. Birthplace Not Known (City, town, or county) Not Known. (State or foreign country)
14. Maiden name Nellie Milton
15. Birthplace Portland (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant John Smith
(b) Address 209 Vine St. Charleston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove - Charleston, Mo
18. (a) Signature of funeral director Lair-Nunnelee Funeral Service
(b) Address Charleston, Missouri
19. (a) 4-25-41 (Date received local registrar) (b) F. D. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1941 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Oct 22, 1940, to Jan 1, 1940; that I last saw her alive on Jan 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	9 mo
Due to	
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)
(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 Gayle S. Lair M.D. (M. D. or other)
Address Charleston Date signed 4/25/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 541-0
Date Filed 5/8

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.