

No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21757

State File No. _____

Registration District No. 329

Primary Registration District No. 3434A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy Marion
(b) City or town Shunlap
(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 Life (Specify whether
years, months or days) _____

8. (a) PRINT FULL NAME ELIZABETH BELL SMITH

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dec 24 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Denton

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 Mrs Ben Monk

(b) Address Shunlap Mo

17. (a) Burial (b) Date thereof June 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Evans

18. (a) Signature of funeral director W. H. Harrison

(b) Address Salt Mo

19. (a) June 1 1941 (b) Marcel Warren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
(c) City or town Shunlap
(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 May day 30
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 20, 1941, to May 30, 1941;
that I last saw her alive on May 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia
Duration 10 days

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature W. H. Harrison (M. D. or other) _____

Address Shunlap Mo Date signed 5/30/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed P.K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.