No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24984

Registration District No. 281 Primary Registration District No. 6256 Registrar's No. 78

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

34
0
0

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town rural Spencer Twp
(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 50 yrs. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 034
(a) State Mo. (b) County Douglas
(c) City or town rural Spencer 0
(If outside city or town limits, write "RURAL")
(d) Street No. Ava, 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Eva Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife W. H. Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 6 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	4	8	hr. min.

9. Birthplace (City, town, or county) Indiana (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Etheldred Glover
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Mary Jane Bevard
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Lige Smith
(b) Address Ava Mo
17. (a) buried (Burial, cremation, or removal) (b) Date thereof June 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Huffman Cemetery
18. (a) Signature of funeral director Glenner Kaller
(b) Address Ava, Mo
19. (a) 7-28 1941 (Date received local registrar) (b) 9 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1941 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from
Jan 1st, 1941, to June 10, 1941
that I last saw her alive on June 10, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Sarcoma liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

467

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 J. L. Gentry (M. D. or other) D
Address Ava Mo Date signed 7-24-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1276
Date Filed AUG 4 1941

RECORD

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address Ava, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24984

Registration District No. 281 Primary Registration District No. 6256 Registrar's No. 78

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Rural Spencer
(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 Eva 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 Wid

6. (b) Name of husband or wife

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

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

8. AGE: Years 69 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) 7-28 1941 (Date received local registrar) (b) Reba K. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1941 year 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.

	Duration
Immediate cause of death	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

S-24984