

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25702**

REG AUG 6 1941 **604**
6-0-9

Registration District No. _____ Primary Registration District No. **580-6 5805** Registrar's No. **44**

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Le Star Camp
(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 No (Specify whether)
In this community Yes years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Portageville, Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, 27 day July
year 1941 hour 9 minute 45 M.
21. I hereby certify that I attended the deceased from only once
July, 26th, 19 41 to _____, 19 _____;
that I last saw her alive on July, 26, 41, 19 _____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Ida Frances Smith

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

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

6. (b) Name of husband or wife S. C. Smith 6. (c) Age of husband or wife if deceased 78 years

7. Birth date of deceased Oct 22 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Pulaska, Tenn—Giles Co., Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name James Picket
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

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

16. (a) Informant George R. Smith
(b) Address Portageville, Mo.

17. (a) Removal (b) Date thereof July 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smith Cemetery

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

19. (a) July 31 (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death Apoplexy
Due to Arteriosclerosis
Due to Age
Other conditions None
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations Nothing else
Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence No

(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 A. H. Pender (M. D. or other) _____
Address Portageville, Mo. Date signed 7/27/41

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.