DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28940

Registration District No. 608

Primary Registration District No. 5807A

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Stella (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stella Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence 5-5-0

(c) City or town: Monett (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME: Ruth Pauline Smith

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Spencer Smith

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: July 15, 1905 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	1	4	hr. min.

9. Birthplace: Barry County, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Arthur Polk Bayless
13. Birthplace: Barry County, Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Della Barr
15. Birthplace: McDonald County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Spencer Smith,

(b) Address: Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Bethel Cemetery

18. (a) Signature of funeral director: Callaway

(b) Address: Monett, Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 30, 1941, to Aug 19, 1941; that I last saw her alive on Aug 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	48 hrs
Due to Carcinoma of descending colon	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) HBC	

Major findings:
Of operations: Carcinoma of descending colon
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: Edwin A. Smith M.D. or other

Address: Monett Mo Date signed 8-20-41

(Licensed Embalmer's Statement on Reverse Side)

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.....Floyd L. Calaway

Licensed Embalmer No.....2266

P. O. Address.....Monett

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

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

No. 2B
—8-21-41
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1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Stella
(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 years, months or days)

In this community

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: Ruth P. 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: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: July (Month) 15 (Day) 1905 (Year)

8. AGE: Years 36 | Months 1 | 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) Oct. 25-1941 (Date received local registrar) (b) Ada Collings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 29 year 1941 hour minute M.

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.

	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)

(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

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