

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29552

Registration District No. 830

Primary Registration District No. 4503

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(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.....
In this community 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby
(c) City or town Shelbina (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 Olive Thomas Smith
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31 year 1941 hour 3:30 minute..... M.
21. I hereby certify that I attended the deceased from August 26 1941 to August 31 1941
that I last saw her alive on August 26 1941 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife R. Emmett Smith 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. June 9 1857
(Month) (Day) (Year)

Immediate cause of death Myocarditis (conial)
Due to.....
Due to.....

8. AGE: Years Months Days If less than one day
84 2 21 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

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

10. Usual occupation Housewife
11. Industry or business.....
12. Name Arthur Connely
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Hawthorn (City, town, or county) (State or foreign country)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Art Smith
(b) Address Shelbina, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

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?

18. (a) Signature of funeral director E. Hayes
(b) Address Shelbina, Mo.
19. (a) Sept 4, 41 (Date received local registrar) (b) Ruth Jaynes (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury.....
23. Signature J. A. Furrish (M. D. or other)
Address Shelbina Mo Date signed 9-4-41

(Licensed Embalmer's Statement on Reverse Side)

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

02
20

102

MOTHER FATHER

932

RECEIVED

District Health Officer No. 10

District File Number 9-44-1743

Date Filed SEP. 18. 1941

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.....

Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1437

P. O. Address..... Shelbina, Mo.

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.