

DEC 31 1941
Registration District No. 26

Primary Registration District No. 5034

State File No. _____
Registrar's No. 194

1. PLACE OF DEATH:

(a) County. Andrain
(b) City or town. Mexico - Rural - Salt River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trolley Heights 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 mo 15 days (Specify whether
In this community. _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Andrain
(c) City or town. Mexico, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) Mexico mo R 7
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Smith

3. (b) If veteran, name war. XXXXXX 3. (c) Social Security No. none

4. Sex. F 5. Color or race. W 6. (a) Single, widowed, married, divorced. single

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

7. Birth date of deceased. Sept 10 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 15 If less than one day hr. _____ min. _____

9. Birthplace. Mexico 0 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. 13 day

11. Industry or business. _____

12. Name. George Smith Jr

13. Birthplace. Mexico 0 Mo
(City, town, or county) (State or foreign country)

14. Maiden name. Pauline Kelsey

15. Birthplace. Mexico 0 Mo
(City, town, or county) (State or foreign country)

16. (a) Informant. George Smith Jr

(b) Address. Mexico, Mo

17. (a) Burial (b) Date thereof. Nov 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Elmwood Cem

18. (a) Signature of funeral director. Chas. L. ...

(b) Address. Mexico, Mo

19. (a) Nov 26 - 41 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. NOV day. 25
year. 1941 hour. 10 minute. A.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.

Immediate cause of death. Coroner Verdict
Opinion that the deceased came to her death by natural cause, apparently Pneumonia
Due to. By H.A. Sarnell viewed the body after death and was sure the death was due to Pneumonia
(Include pregnancy within 3 months of death)

Duration _____

Major findings: Of operations _____
Of autopsy _____
108

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature. E. J. Burton, Coroner (M. D. or other) 2
Address. Mexico, Mo Date signed. 11/24/41

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

400

RECEIVED

District Health Officer No. 10

District File Number 12-41-2268

Date Filed DEC 23 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.....

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

working under my personal supervision.

Signed Emerald R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.