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FILED JAN 22 1942

State File No. \_\_\_\_\_

Registration District No. 838

Primary Registration District No. 459 6098B

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Stoddard Co.

(b) City or town Dexter Mo. R3  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Life & Health  
(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 Mo. (b) County Stoddard Co.

(c) City or town Dexter Mo. R30  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) C

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minerva Ann Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1941 hour 7 minute 50 M.

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

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

7. Birth date of deceased Sept 10 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-29-1941 to Dec 5-1941 that I last saw her alive on 10-2-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Admia

8. AGE: Years 58 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farm wife

Due to Chronic endocarditis

Due to ? (History of rheumatic fever)

Other conditions general anasarca  
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name ancel Putney

13. Birthplace New Hanb  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Golden

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

Major findings: Of operations \_\_\_\_\_ 92c

Of autopsy \_\_\_\_\_

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

16. (a) Informant J H Putney

(b) Address Dexter Mo R3

17. (a) Burial (b) Date thereof 12-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baynes & Watkins Funeral

18. (a) Signature of general director \_\_\_\_\_

(b) Address Dexter Mo

19. (a) 12-30-1941 (b) Jemmie Boulton  
(Date received local registrar) (Registrar's signature)

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 Frank Rabie (M. D. or other) MD

Address Dexter Mo Date signed 12/16/41

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

RECEIVED

District Health Office No. 2,  
District File Number 142-206  
Date Filed 1-19-42

**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.....

*B. J. Brentlinger*

Licensed Embalmer No. 42011

P. O. Address Wister, 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.**