

FILED FEB 11 1942

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 4

44
26

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
506 North Liberty /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years (Specify whether)
In this community 13 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 506 North Liberty
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Siller Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1942 hour 5:55 minute A. M.

4. Sex Female 5. Color or race W. 6. (a) ~~Single, widowed, married.~~
2 divorced

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

7. Birth date of deceased January 11, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 13, 1942 to January 20, 1942; that I last saw her alive on January 20, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and Pneumonia Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>9</u>	hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 33a

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

10. Usual occupation at home

Major findings: 33a

Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name William Smith

13. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cytha Watkins

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

16. (a) Informant Dau. Mrs. Cora Wingo

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 1/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

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 Hedgie Nelson

(b) Address Webb City, Missouri

19. (a) Jan. 22, 1942 (b) Mrs. Lillie Eagle
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature R. M. Stormont (M. D. or other)

Address Webb City, Mo. Date signed 1/21/42

42-1-14

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..... *E. H. Hedge*
Licensed Embalmer No. *21859*
P. O. Address..... *Hobbs Rd*

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.