No. 2
1-4-41
17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1942 839

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6161

State File No. 3875

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Richland Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Essex R2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 102

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

(d) Street No. Essex R2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Matilda Jane Smith

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Luther W. Smith

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 13, 1896
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	6	17	..... hr. ..... min.

9. Birthplace Stoddard Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Felix Trousdale
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Luther W. Smith
(b) Address Essex, Mo. R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation C. Dowdy Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) Feb. 15-42 (Date received local registrar) (b) Nora Irons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1942 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from One Call
Jan. 30, 1942 to ....., 19....;
that I last saw h..... alive on Jan. 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 Weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. P. Brackner (M. D. ~~or other~~)

Address Essex, Mo. Date signed 2-14-42

1129

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.