

FILED MAR 12 1942

Registration District No. 383

Primary Registration District No. 4226

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

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

(d) Street No. 46
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Belle Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 10 year 1942 hour 11 minute P M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 22
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-1942 to 2-10-1942 that I last saw her alive on 2-6-1942 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 0 Days 0 If less than one day hr. 0 min. 0

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

Immediate cause of death Influenza

Due to senility + exposure

Due to 330

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

11. Industry or business

12. Name John Behymer

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

14. Maiden name Harvey

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

Major findings: Of operations None

Of autopsy None

PHYSICIAN None
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Smith

(b) Address Mountain View Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12-42
(Month) (Day) (Year)

(c) Place: burial or cremation Mountain View Mo.

18. (a) Signature of funeral director J. A. ...

(b) Address Mountain View Mo.

19. (a) Mar. 1, 1942 (Date received local registrar) (b) Ruth Hunt (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?

(Specify type of place) (Specify means of injury)

23. Signature C. P. Powell (M. D. or other) Address Mountain View Mo. Date signed 3/2/42

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

6600

1103

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.....

Joe R. Duncan

Registered Apprentice No. *301*

working under my personal supervision.

Signed.....

John F. Duncan

Licensed Embalmer No. *2516*

P. O. Address. *Mtn. View, 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.