

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11759

State File No.

Registration District No. 734

Primary Registration District No. 4438

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville Twp
(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME Nellie May Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Braggie Smith 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased October 10 1901
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charley Finney

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

14. Maiden name Dora Dameron

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

16. (a) Informant Mr. Braggie Smith

(b) Address Huntsville Mo

17. (a) Burial (b) Date thereof March 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo.

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville Mo

19. (a) 3/31/42 (b) Mrs. P. Dameron
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1942 hour about 8 AM minute _____ M.

21. I hereby certify that I attended the deceased from none to _____, 19____, to _____, 19____; that I last saw her alive on none, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Homicide
Bullet into heart 32 caliber
from gun in hands of
Braggie Smith
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations _____

Of autopsy Bullet into heart

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence March 15, 1942

(c) Where did injury occur? home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place) (e) Means of injury 32 caliber
corned gun

23. Signature H. G. Guffels (M. D. or other) 3/27/42
Date signed

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-42-680

Date Filed APR - 7 1942



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

Paul J. Patton

Licensed Embalmer No.

4095

P. O. Address

Huntsville, 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.