

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15109

State File No.

FILED MAY 23 1942

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 46

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1009 E. 1st St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs.
In this community 3 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 E. 1st St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELVIRA LORENA SMOCK.

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Henry Smock 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 20 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 24
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John P. Keaton
13. Birthplace Ohio
(City, town, county) (State or foreign country)

14. Maiden name Sarah J. Ellsworth
15. Birthplace Wis.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Fisher

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Apr. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) April 14, 1942 (b) Mary Cade
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 13
year 1942 hour 9 minute 20 p. M.

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

Immediate cause of death Cerebral Hemorrhage Duration 13 Hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M.D. or other)
Address Maryville Mo. Date signed 4/14/42

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

74
1
2

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

John W. Price

Licensed Embalmer No.

4281

P. O. Address

Maryville 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.