

S. No. 2
1-9-44
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33655**

Registrar's No. **33**

FILED NOV 14 1942 109
Registration District No. **109**

Primary Registration District No. **4180**

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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

Amanda Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 14 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 16

If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county)

Tenn. (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Post Mathis

13. Birthplace _____ (City, town, or county)

Tenn. (State or foreign country)

14. Maiden name unknown

15. Birthplace _____ (City, town, or county)

Tenn. (State or foreign country)

16. (a) Informant Merle Smith

(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof Nov 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation woodlawn

18. (a) Signature of funeral director Lanier Funeral Home

(b) Address Campbell, Mo.

19. (a) 10-31-42 (b) Mrs. D.P. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1942 hour _____ minute 8:00 P.M.

21. I hereby certify that I attended the deceased from Oct 29 1942 to Oct. 30 1942
that I last saw her alive on Oct. 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 fall

23. Signature Dr. J. Rutledge (M. D. or other) MD
Address Campbell, Mo Date signed 10/30/42

Duration, _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1142-1392

Date Filed 11-5-42

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.....

Christina M. Landess

Licensed Embalmer No.....

4227

P. O. Address.....

Campbell, 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.