

FILED NOV 10 1942

Registration District No. 170

Primary Registration District No. 5635

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Phillipsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nursing Home of Mrs. Clara Probst
(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 JENNIE SMITH

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Ambrose J. Smith 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct 11 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 24 hr. min.

9. Birthplace Montgomery Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Unknown
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Smith
(b) Address Lebanon Mo

17. (a) Burial (b) Date thereof Oct 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo

19. (a) Nov. 3-42 (b) Grace Roper
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede ⁵³
(c) City or town Lebanon ⁹
(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 Oct day 5
year 1942 hour 6 minute..... P.M.

21. I hereby certify that I attended the deceased from March 10,
1942 to October 5, 1942
that I last saw her alive on October 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration

Due to Cerebral embolism

Due to Fractured pelvis ✓

Other conditions Hypertension
(Include pregnancy within 6 months of death)

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)..... ⁰⁵³
(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 Austin H. Kraus (M. D. or other) P.O.
Address 109 Monroe Lebanon, Mo Date signed 10/9/42

RECEIVED

Sealed County Health Dept

District File Number *11-42-168*

Date Filed *11-5-42*

JED
GEB

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 *Dorsey M Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon TN*

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.

8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34124

Registration District No. 170 Primary Registration District No. 5634 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Jennie Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 11
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
{ 12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-10-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 11 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Cerebral embolism
Arterial failure

Due to _____

Due to Fractured Pelvis

Other conditions Hypertension
(Include pregnancy within months of death)

Major findings:
Of operations _____

Of autopsy 1753

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) Accident

(b) Date of occurrence September 22, 1942

(c) Where did injury occur? Whitfield Laclede Mo
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm where she lived

While at work? No (Specify type of place) (c) Means of injury Car pushed for

23. Signature Austin B. Brown (M. D. or other) D.O.

Address 109 Monroe Laclede Mo Date signed 12/10/42

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

SUPPLEMENTARY

S-34124 1942