

S. No. 2
-1-4-41
5-17-39
PI X26390

State File No.

FILED JAN - 4 1943

Registration District No.

Primary Registration District No. 5026

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Atchison
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 Miles E. of Fairfield Mo.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA ELIZA SMITH

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____
7. Birth date of deceased March 22 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 22 If less than one day _____ min.

9. Birthplace Clayton County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Thomas Earl Spivey

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

14. Maiden name Sarah Sparks

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

16. (a) Informant Chas. J. Smith
(b) Address Fairfax Mo.

17. (a) Burial (b) Date thereof 12/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Charles L. Smith
(b) Address Fairfax Mo.

19. (a) Dec 14, 1942 (b) Mrs. Leanne Martz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1942 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from Dec 8
1942 to Dec 10 1942
that I last saw her alive on Dec 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
genitival arteriosclerosis
senility

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1318

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 _____

23. Signature H. H. Bauman (M. D. or other) MD
Address Harper Mo Date signed 12/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Marvin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.