

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN - 6 1943
Registration District No. 184

Primary Registration District No. 3039

1. PLACE OF DEATH:
5(a) County Linn
2(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
1(e) 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 10 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sarah Emma 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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 10 - 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____
MOTHER FATHER { 12. Name Matthias Smith
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Syle
15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Zita E. Lynn
(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Dec 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Killiard

18. (a) Signature of funeral director James M. Danyell
(b) Address Marceline Mo

19. (a) 12-5-1942 (b) W W Cannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. E. Howe
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1942 hour 7 minute 05 P M.

21. I hereby certify that I attended the deceased from May 15, 1942, to Nov. 30, 1942
that I last saw her alive on Nov. 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 10 da.

Due to Senility

Due to _____

Other conditions (include pregnancy within 3 months of death) 107

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) Manner of injury _____

23. Signature John W. Cannon (M. D. or other) _____
Address Marceline Mo Date signed 12-5-42

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 Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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, above space should be left blank.