S. No. 2
M—5-42
v. 5-17-39
FILED FEB 5 1943

3104

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 23

80
6
4

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) In this community 7 Years

2. USUAL RESIDENCE OF DECEASED: 80

(a) State Mo. (b) County Pettis 6

(c) City or town Sedalia 4 (If outside city or town limits, write "RURAL")

(d) Street No. 728 E 5 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ruth Jane Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife J.S.Smith

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. 23 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Cooper Co Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Antone Schrader
13. Birthplace West Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Elnore Bishop
15. Birthplace Penn. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. C.B. Stewart Sedalia Mo.

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 1-21-43 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1943 hour 8 a.m. minute M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to Jan 20 1943 that I last saw her alive on Jan 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis (Luetic)

Due to Syphilis years ago

Due to Influenza

Other conditions (Include pregnancy within 3 months of death) 309

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Snavely (M. D. or other)

Address Sedalia Date signed 1/21/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number
Date Filed 2-4-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.