

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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 FEB 16 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7905
Do not use this space.

1. PLACE OF DEATH
(a) County Succuman Registration District No. 349
(b) Township Clay Primary Registration District No. 6194
(c) City Newtown (d) Street No. 1 451 1/2 Registered No. 1 St. 16
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNA Smith
(a) Residence, No. Newtown St. (If nonresident, give city or town and State) 0
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-3-1864</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>10</u>	DAYS <u>11</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn. /</u>				
FATHER	13. NAME <u>Jerry Hadsworth</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn. /</u>			
MOTHER	15. MAIDEN NAME <u>Mary Noel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn. /</u>			
17. INFORMANT (ADDRESS) <u>Henry Hadsworth</u> <u>Laredo Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newtown</u> DATE <u>1-17</u> 19 <u>43</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Just & Payne</u> <u>Newtown</u>				
20. FILED <u>Jan 23</u> 19 <u>43</u> <u>Mrs Lodie Johnson</u> <u>Newtown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 14</u> 19 <u>43</u>	
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 1</u> 19 <u>38</u> , to <u>Jan 14</u> 19 <u>43</u>	
I last saw h. ex. alive on <u>Jan 14</u> 19 <u>43</u> . Death is said to have occurred on the date stated above, at <u>11 P.M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Cerebral Apoplexy</u>	
Other contributory causes of importance: <u>830</u>	
Name of operation..... Date of.....	
What test confirmed diagnosis?..... Was there an autopsy?.....	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	
Nature of injury.....	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>St. Louis - M.D.</u> (Signed) <u>St. Louis - M.D.</u> (Address) <u>Newtown, Mo.</u>	

MAR 1 1943

RECEIVED
District Health Officer No. 10
2-43-254
FEB 15 1943

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 *T. Howard Gull*
Licensed Embalmer No. *3240*
P. O. Address *Newton*

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.