

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 14 1943

Registration District No. 77

Primary Registration District No. 3088

Registrar's No. 74

14  
2

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

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(c) 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 Since 2-11-43  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Montgomery  
(c) City or town Jonesburg  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mary P. Smith

3. (b) If veteran, name war 1918 3. (c) Social Security No. 1918

4. Sex Female 5. Color or race W  
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 1918 1918 1918  
(Month) (Day) (Year)

8. AGE: Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Geo. Smith

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

14. Maiden name Ann J. Odrey

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

16. (a) Informant R. Woods

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar 14 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg Mo.

18. (a) Signature of funeral director Earl A. Starkey  
(b) Address Jonesburg Mo.

19. (a) March 12 1943 (b) Joie Marshallhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day March  
year 1943 hour 1 minute 55 a.m.

21. I hereby certify that I attended the deceased from 11-20, 1942, to 3-12, 1943  
that I last saw her alive on 3-11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Broncho pneumonia

Due to General Emphysema

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations \_\_\_\_\_  
Of autopsy Bilateral Broncho pneumonia

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature T. E. Sheppard (M. D. or other) \_\_\_\_\_  
Address Fulton Mo Date signed 3/14/43

**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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Carla Harding*

Licensed Embalmer No. *4075*

P. O. Address *Jonah, 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.**