. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9933

State File No.

FILED MAR 16 1943

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cedar

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

(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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20 1

(c) City or town El Dorado Spgs 0 (If outside city or town limits, write "RURAL")

(d) Street No. 119 W Highlower (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SMITH MARIAH CLEMENTINE

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 2 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 10 (Day) 1857 (Year)

8. AGE: Years 85 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " " "
15. Birthplace " " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Agnes Burkhardt
(b) Address El Dorado Spgs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oyer

18. (a) Signature of funeral director Nefus Funeral Home
(b) Address El Dorado Spgs Mo

19. (a) Feb 21/43 (Date received local registrar) (b) Lt Dunaway (Registrar's signature)

1046

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec. 26, 1942 to Feb. 21, 1943 that I last saw her alive on February 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of rectum — Duration ?

Due to

Due to

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

Major findings: Of operations —

Of autopsy None

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 J. R. Williams (M. D. ~~mother~~) 0

Address El Dorado Springs, Date signed 2-26-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
File Number 2-43-113
Date Filed 8-10-43

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 George W. Mafes

Licensed Embalmer No. 2762

P. O. Address El Dorado Spgs

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.