

S. No. 2  
-9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18345

State File No. ....

Registrar's No. 41

FILED JUN 8 1943  
Registration District No. 200

Primary Registration District No. 5725

1. PLACE OF DEATH:  
(a) County Macon Co. Mo  
(b) City or town Rural, Mo. Mason  
(c) Name of hospital or institution: Macon Co. Infirmary  
(d) Length of stay: about 7 months  
In this community all his life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Macon  
(c) City or town rural Macon  
(d) Street No. ....  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARY E. STILLW  
3. (b) If veteran; name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month May day 4 year 1943 hour 4 minute PM

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. ....  
6. (c) Age of husband or wife if alive. .... years

21. I hereby certify that I attended the deceased from 1942 to May 1943  
that I last saw her alive on May 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased. 2 (Month) 13 (Day) 1963  
8. AGE: Years 80 Months 7 Days 11

Immediate cause of death Cerebral Thrombosis  
Due to Generalized Arterio-sclerosis  
Duration 6 wks  
Due to 2 yrs

9. Birthplace Macon Co Mo  
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 83 f  
Major findings: Of operations. ....  
Of autopsy. ....

MOTHER FATHER  
11. Industry or business. ....  
12. Name John D Smiley  
13. Birthplace Macon Mo  
14. Maiden name Martha E. Rice  
15. Birthplace Macon Mo

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant G. S. Swart  
(b) Address La Plata Mo.  
17. (a) Burial (b) Date thereof 5-5-43  
(c) Place: burial or cremation Bell cemetery  
18. (a) Signature of funeral director G. S. Swart  
(b) Address La Plata Mo.  
19. (a) 2/6/43 (b) Ira B. Munkler

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 J. F. Turner (M. D. or other) 0  
Address Macon Mo Date signed 5/6/43

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

RECEIVED

District Health Officer No. 10

District File Number 6-43-975

Date Filed JUN 7 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

*D. S. Christie*

Licensed Embalmer No. 1109

P. O. Address Sci. Platte 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.