

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20053**
Registrar's No. **5704**

FILED JUL 3 1943 318

Registration District **1943** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

(b) City or town. **S t. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Dunklin**

(c) City or town. **Arbyrd**
(If outside city or town limits, write "RURAL.")

(d) Street No. **35**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Nettie Smithmier**

3. (b) If veteran, name war.....

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife. **William Smithmier**

6. (c) Age of husband or wife if alive. **53** years

7. Birth date of deceased. **February 5, 1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 **4** **16** hr. min.

9. Birthplace. **Hollywood Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name. **Oliver J. Eubanks**

13. Birthplace. **Stoddard County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name. **Nellie Horner**

15. Birthplace. **Dunklin County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant. **William Smithmier**

(b) Address. **Arbyrd, Missouri**

17. (a) **Burial** (b) Date thereof. **6/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Hollywood, Missouri**

18. (a) Signature of funeral director. **Albert H. Hoppe, Inc**

(b) Address. **4700 Washington Blvd.**

19. (a) **JUN 29 1943** (b) **J. F. Budeck**
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
year **1943** hour **10** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **June 12, 1943, to June 21st, 1943**
that I last saw her alive on **June 21st, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Cerebral Hemorrhage** Duration **1 wk**

Due to **Hypertension** 1 year

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?..... Means of injury.....

23. Signature. **Clare B. Kane** (M. D. or other) **M.D.**
Address. **4062 W. Altamont** Date signed **6/22/43**

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

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.....

J. Allen Davis Jr
.....
Licensed Embalmer No. *4053*
.....

P. O. Address.....

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.