

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 9 1943

Registration District No. 171

Primary Registration District No. 42.67

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 Yrs.
In this community 38 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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 0

3. (a) PRINT FULL NAME Annie Olotha Smith

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

4. Sex Fe 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minor Smith 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 14, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 11 27 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Ephriham Thomas
13. Birthplace Lexington, Mo.
(City, town or county) (State or foreign country)
14. Maiden name Maggie Miller
15. Birthplace Sedalia, Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Minor Smith
(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof June 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo. Cemetery

18. (a) Signature of funeral director J. H. Newman
(b) Address Odessa, Mo.

19. (a) June 30, 1943 (b) Mrs. W. F. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 4 minute P M.
21. I hereby certify that I attended the deceased from June 11, 1943
to June 11, 1943
that I last saw him alive on June 11, 1943
and that death occurred on the date and hour stated above,
Immediate cause of death Starvation

Due to Insanity & refusal to eat
Due to
Other conditions (Include pregnancy within 3 months of death) 189

Major findings: Of operations
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no 054
(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. H. Newman (M. D. or other)
Address Odessa, Mo. Date signed 6-15-43

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

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-8-43

JAN 25 1950

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 _____ working under my personal supervision.

Signed *Joseph A. Wiseman*

Licensed Embalmer No. 2541

P. O. Address *Alexander Ave*

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.