

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27976  
Do not use this space.

ED SEP 7 1943

1. PLACE OF DEATH  
 (a) County Clark Registration District No. 70  
 (b) Township Reverse Primary Registration District No. 4125 Registered No. 67  
 (c) City Reverse (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mabel Marie Smith  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State) \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Bruce Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-5-1898  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 8 19  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1943  
 22. I HEREBY CERTIFY, That I attended deceased from March 1 1943 to Aug 24 1943  
 I last saw her alive on Aug 23 1943 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Cause of lung  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 16 ft  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify J. L. McNeill M. D.  
 (Signed) J. L. McNeill  
 (Address) Reverse Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 FATHER 13. NAME Geo. Wright  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 MOTHER 15. MAIDEN NAME Lydia Coburn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT Bruce Smith  
 (ADDRESS) Reverse Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Reverse Co. DATE Aug 26 1943  
 19. FUNERAL DIRECTOR Puttner's  
 (ADDRESS) Reverse Mo.  
 20. FILED 9-3 1943 Berry S. Burton  
 Local Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 7 1949

JUL 27 1951

JUN 4 1951

SEP 7 1949

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Otis L. Letting

Licensed Embalmer No. 2965

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.)