

No. *180* *278*
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 AUG 23 1943
 X35597

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29071

State File No. _____
 Registrar's No. _____

Registration District No. *278* Primary Registration District No. *3054*

1. PLACE OF DEATH:
 (a) County *Pike*
 (b) City or town *Louisiana*
 (c) Name of hospital or institution: *Pike Co Hosp*
 (d) Length of stay: *2 days*

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Pike*
 (c) City or town *Louisiana*
 (d) Street No. *River Road*
 (e) Citizen of foreign country? *No*

3. (a) PRINT FULL NAME *Anna Smith*
 3. (b) If veteran, name war
 3. (c) Social Security No.
 4. *Jemae* 5. Color or race *White*
 6. (a) Single, widowed, married, divorced *don't know*
 6. (b) Name of husband or wife *Roy Smith*
 7. Birth date of deceased *about 1873*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *July* day *10* year *1943* hour *12* minute *45 P* M.
 21. I hereby certify that I attended the deceased from *July 9th* 1943 to *July 10* 1943
 that I last saw him alive on *July 10* and that death occurred on the date and hour stated above.

8. AGE: Years *about 70* Months _____ Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace *Excelsior Springs Ark*
 10. Usual occupation *None*
 11. Industry or business *None*
 12. Name *Jack Ingram*
 13. Birthplace *Ark*
 14. Maiden name *Polly Davies*
 15. Birthplace *Ark*

Immediate cause of death *Dysentery* Duration *1 1/2 weeks*
 Due to _____
 Due to _____
 Other conditions *27C*
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant *Hospital Record*
 (b) Address *Louisiana Mo*
 17. (a) *Burial* (b) Date thereof *7-12-43*
 (c) Place: burial or cremation *River View Louisiana*
 18. (a) Signature of funeral director *J. H. Hays*
 (b) Address *Louisiana Mo*
 19. (a) *7/12/43* (b) *J. H. Hays*

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place) _____
 23. Signature *J. H. Hays* (M. D. or other) _____
 Address *Louisiana Mo* Date signed *9-11-43*

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

MOTHER FATHER

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 8-43-1423

Date Filed AUG 19 1949

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.....

George O. Wagner

....., Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address *Owensboro, 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.