

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.

FILED SEP 17 1943

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

F 32181
Do not use this space.

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. 237
 (b) Township Penderson Primary Registration District No. 5820
 (c) City Galena (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maxtha Smith
 (a) Residence, No. Clinton Road St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1943

7. AGE YEARS 74 MONTHS 7 DAYS 27
 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid 1

13. NAME Henry Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid 1

15. MAIDEN NAME McKusick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid 1

17. INFORMANT Hubert Smith
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Aug 10 1943

19. FUNERAL DIRECTOR (NAME) Anderson Funeral Home
 (ADDRESS) Campbell Mo.

20. FILED 8-10-43 Juan Mason
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1943

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1943, to Aug 9, 1943
 I last saw him alive on Aug 8, 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:
Hemorrhage of lungs from obstructed Probable P.B.
 Other contributory causes of importance: Age 13 ft

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture Where an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (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? no
 If so, specify _____
 (Signed) A. G. Sees, M. D.
 (Address) Galena Mo.

RECEIVED

District Health Office No. 2,

District File Number 943-1138

Date Filed 9-19-48

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.....

Licensed Embalmer No.....

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, above space should be left blank.