

3. No. 2  
4-2.43  
5-17-39  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32202

FILED SEP 28 1943

State File No. \_\_\_\_\_

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 88

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution:  
Baxter Street Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO  
(If outside city or town limits, write "RURAL")

(d) Street No. Baxter Street Road  
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRIETTA SMITH

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife A.H. SMITH

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 25 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace KNAPP WISCONSIN  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name BAILEY

13. Birthplace WISCONSIN  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA BROWN

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant O.P. Hawley

(b) Address Neosho Mo

17. (a) BURIAL (b) Date thereof Aug 30 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Neosho Missouri

19. (a) 9-3-1943 (b) Corey Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 27  
year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from JUNE 23, 1941, to Aug 27, 1943; that I last saw her alive on Aug 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic endocarditis and chronic myocarditis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature: Orval R. Sabo (M. D. or other) \_\_\_\_\_  
Address Neosho, Mo. Date signed 9-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

73  
3  
2

73  
3  
2

1110

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED** 9-23-43

District Health Officer No. ....

District File Number 943-182 .....

Date Filed 9-27-43 .....

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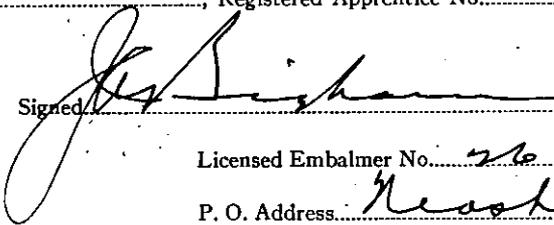
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**STATEMENT BY LICENSED EMBALMER**

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. 2689 .....

P. O. Address. Wash DC .....

**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.**