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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3761

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 4 Neosho Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. Route 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth A. Smith

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

20. DATE OF DEATH: Month JANU day 5
year 1944 hour 10 minute 20 A. M.

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

6. (b) Name of husband or wife Clifton H. Smith 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased December 7 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4, 1944, to Jan 5, 1944
that I last saw him alive on Jan 4, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 0 Days 29 If less than one day
hr. _____ min. _____

Immediate cause of death Probably coronary occlusion 36 hours
Due to influenza
Due to senility

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 9/4a

11. Industry or business _____

12. Name Not Known

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

14. Maiden name Not Known

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

Of autopsy _____

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

16. (a) Informant Clifton H. Smith
(b) Address Neosho Mo

17. (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Cemetery

18. (a) Signature of funeral director R. L. [unclear]
(b) Address Neosho Mo

19. (a) 1-7-1944 (b) Beryl Thompson
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature R. L. [unclear] (M. D. or other) _____
Address Neosho Mo Date signed 1/6/44

RECEIVED

1-5-44

District Health Officer No. _____
District File Number 144-14
Date Filed 1-2-44

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.

Registered Apprentice No. _____

Signed [Signature]

Licensed Embalmer No. 2689

P. O. Address Nice 5 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.