

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FILED MAR 15 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11376

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 5655

38

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

55  
0  
0

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 280 days  
In this community 280 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Flat River  
(If outside city or town limits, write "RURAL")  
(d) Street No. 206 Bennett  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Thelma Marie Smullen

20. DATE OF DEATH: Month Feb. day 24th  
year 1944 hour 12:40 minute \_\_\_\_\_ P M.

3. (b) If veteran, name war NO 3. (c) Social Security No. 479-09-8187

21. I hereby certify that I attended the deceased from June 19th, 1943 to Feb. 24th, 1944;  
that I last saw her alive on Feb. 24th, 1944;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Dewey Smullen 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Sept 8th 1912  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Over  
Duration 1 year

8. AGE: Years 30 Months 5 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

9. Birthplace Mine La Motte Missouri  
(City, town, or county) (State or foreign country)

Other conditions Branchial cleft fistula  
(Include pregnancy within 3 months of death)

10. Usual occupation Saleslady

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Store and Shoe factory

12. Name Henry Bess

13. Birthplace Mine La Motte Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lenore Dean Williams

15. Birthplace Mine La Motte Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) Flat River (b) Date thereof 2-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River

18. (a) Signature of funeral director Glenn Wood 7 Horan

(b) Address Flat River Mo

19. (a) 2/25/44 (b) Andy Crawford  
(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? \_\_\_\_\_

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

23. Signature Charles A. Brushner (M. D. or other) M.D.  
Address Mt. Vernon Mo Date signed 2-24-44

1833

RECEIVED

District Health Officer No. 6,

District File Number 344-327

Date Filed MAR 15 1944

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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River 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.