S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37071

FILED NOV 20 1944

Registration District No. 70

Primary Registration District No. 5067

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Iantha (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH HELEN SMITH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife John Smith

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased September (Month) 27 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	11	3	hr. min.

9. Birthplace Lomnicza, (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Zyfczok
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant John Smith

(b) Address Iantha, Missouri RFD #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 2 (Day) 1944 (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 9-5-44 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 30
year 1944 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 20-44, 19, to, 19;
that I last saw her alive on Aug 27, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Chronic nephritis

Due to

Due to 131 b

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 H M Ashby (M. D. or other)

Address Liberal

Sept 2nd 44

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1144-1137
Date Filed NOV 14 1944

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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.