

FILED FEB 13 1945

State File No. _____

Registration District No. 198

Primary Registration District No. 5719

Registrar's No. 1

1. PLACE OF DEATH

(a) County Mason
(b) City or town Beverly Rural
(c) Name of hospital or institution: Beverly
(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 Mo (b) County Mason
(c) City or town Beverly Rural
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PEARL G. SMITH

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

4. Sex Female 5. Color or race wh
6. (b) Name of husband or wife Ella Smith 6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 8-30-1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1944 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to 12-16-1944
that I last saw him alive on 12-16-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder Duration 15 mo.

8. AGE: Years 55 Months 3 Days 18 If less than one day, hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Beverly (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Naivel Smith
13. Birthplace Indiana
14. Maiden name Marah Kistler
15. Birthplace Cairo (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ella Smith

(b) Address Beverly Mo

17. (a) Burial (b) Date thereof 12-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beverly Mo

18. (a) Signature of funeral director H. J. Edwards

(b) Address Beverly Mo

19. (a) 1-12-45 (b) Winnie J. Rowland
(Date received local Registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
Signature P. J. Dunderberg (M.D. or other) DO.
Address Cairo Mo Date signed 1-5-45

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

RECEIVED

Health Officer No. 10

District File Number 2-45-266

Date Filed FEB 11 1945

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

W. J. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowie, Md

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.