

FILED FEB 27 1945

Registration District No. _____

Primary Registration District No. **5940**

Registrar's No. **1**

1. PLACE OF DEATH

(a) County **Chelys**
(b) City or town **Rural Liberty Twp**
(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)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **50 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chelys**
(c) City or town **Newburg**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LOLA Irene 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 **Married**
6. (b) Name of husband or wife **Robert Smith** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **Oct 24 1886**
(Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **Terra Haute, Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William B Secrests**
13. Birthplace **Terra Haute Ind**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Faulk**
15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Engine Smith**
(b) Address **Newburg Mo**

17. (a) **Burial** (b) Date thereof **Dec 20 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Good all Cemetery**

18. (a) Signature of funeral director **Lee Johnson**

(b) Address **Newburg Mo**

19. (a) **1-7-1945** (b) **Kellie V. Vest**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **18**
year **1944** hour **9** minute **5 P.** M.

21. I hereby certify that I attended the deceased from **Aug 6**
19 **44** to **Aug 18** 19 **44**;
that I last saw him **as** alive on **Aug 6, 1944**, 19 **44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure** Duration **2 1/2 hours**

Due to **Pulmonary Congestion** **7 days**
(Passive)

Due to **General anasarca** **6 weeks**
Cardio vascular Renal disease 2 yrs.

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

Major findings:
Of operations _____

Of autopsy _____

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) Means of injury **9**

23. Signature **Richard E. Mason** M. D. or other _____
Address **Newburg, Mo.** Date signed **Dec 19 1944**

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

MOTHER FATHER

1092

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 Lee Johnson
Licensed Embalmer No. 3397
P. O. Address Newburg 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.