

S. No. 2
 OM-2-43
 v. 5-17-39
 I X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41082

FILED JAN 11 1945

State File No.

Registration District No. 101

Primary Registration District No. 5411

Registrar's No. 30

1. PLACE OF DEATH:
 (a) County Douglas
 (b) City or town Ava Rural Spencer
(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.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Douglas **34**
 (c) City or town Ava, Rural **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 3 **0**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Rachel Smith
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Gad Walker
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased January 31, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	10	0	hr. min. <u>0</u>

9. Birthplace Rolla, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
 12. Name Smith
 13. Birthplace Unknown **4**
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Brown,
 15. Birthplace Tenn. **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Orville D. Andrews
 (b) Address Ava, Missouri RFD 3

17. (a) Burial (b) Date thereof 12-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral Home
 (b) Address Ava, Missouri

19. (a) Dec 30 45 (b) Vesta Bushman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
 year 1945 hour 8 minute 15 P.M.
 21. I hereby certify that I attended the deceased from 11-29
 1945, to 12-1 1945;
 that I last saw her FR alive on Dec 1 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Toxemia (death)

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **100**
 Of autopsy.....

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)

23. Signature D. P. E. Wilsen (M. D. or other) **DO.**
 Address Ava Mo Date signed 12-5-45

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

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

RECEIVED

Health Officer No. 6;
District File Number 146-56
Date Filed JAN 9 1946

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. B. Hutchison.....

Licensed Embalmer No. 3431.....

P. O. Address Arva 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.