S. No. 2
M—2-43
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-I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41975

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1056

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
2219 Travis
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 34

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2219 Travis 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lillian Edith Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. (Month) 28 (Day) 1892 (Year)

8. AGE: Years 53 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Willow Springs (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name James Bunch

13. Birthplace UNK. (City, town, or county) Ill. (State or foreign country) 1

MOTHER

14. Maiden name Nellie Skaggs

15. Birthplace UNK. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Roy Smith

(b) Address 2219 Travis, Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J W Klingner Co

(b) Address Springfield Mo.

19. (a) 12-22-45 (Date received local registrar) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1945 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Unattended by physician recently that I last saw h. alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration many yrs.

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W E Handley Local registrar (M. D. or other)

Address Springfield Mo. Date signed 12/22/45

754 (Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.