

FILED JAN 9 1946 STANDARD CERTIFICATE OF DEATH

42646

State File No. _____

Registration District No. 341

Primary Registration District No. 3175

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Stoddard Mo

(b) City or town Defton Mo
(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 Mo (b) County Stoddard

(c) City or town Defton Mo
(If outside city or town limits, write "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 Lattie Fae Christian

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1945 hour 4 minute 00 a.m.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw her alive on Oct 24 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 23, 1945
(Month) (Day) (Year)

Immediate cause of death _____
Due to _____
Due to _____

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

9. Birthplace: Defton Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Dewey Christian

13. Birthplace Bloomfield Mo
(City, town, or county) (State or foreign country)

14. Maiden name Kenneth Wells

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

16. (a) Informant Dewey Christian

(b) Address Defton Mo

17. (a) Burial (b) Date thereof 10 24 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagon Cemetery

18. (a) Signature of funeral director Walter W. Smith

(b) Address Defton Mo

19. (a) 1-2-46 (b) W. Ora Smith
(Date received local registrar) (Registrar's signature)

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 _____ (Specify type of place)

23. Signature Walter W. Smith (e) Means of injury Stroke
(M. D. or other) _____

Address Defton Mo Date signed Oct 25 1945

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 144-50
Date Filed 1-7-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.