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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6716

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: Pike Co. Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike 82 1

(c) City or town: Bowling Green 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 619 Centennial 0
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Ollie Ludena Smith

3. (b) If veteran, name war: —

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: W. Hampton Smith

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Sept. (Month) 9 (Day) 1876 (Year)

8. AGE: Years 69 Months 4 Days 10 If less than one day hr. min.

9. Birthplace: Louisiana (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: William N. Scott

FATHER 13. Birthplace: Pike Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER 14. Maiden name: Sona Tilboxen

MOTHER 15. Birthplace: Clarksville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: W. Hampton Smith

(b) Address: Bowling Green, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Buffalo Cem.

18. (a) Signature of funeral director: Garner & Sterne

(b) Address: Louisiana, Missouri

19. (a) Jan. 21 1946 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1946 hour 10:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5/22/1943 to 1/19/1946; that I last saw h. or alive on Jan. 19 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Metastatic Carcinoma

Due to: Carcinoma of breast

Due to:

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

Major findings: Of operations: None 0

Of autopsy: None

Duration

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): none

(b) Date of occurrence: no

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury: no 0

23. Signature: [illegible] (M. D. or other)

Address: Louisiana, Missouri Date signed: 1/21/46

255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-306
Date Filed FEB-25-1946

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 Harold T. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.