

S. No. 2
M-8-43
7-5-17-39
X37823

12421

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 16

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

1. PLACE OF DEATH:
 (a) County BENTON
 (b) City or town COLE CAMP - "Rural" Williams Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community lived
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County BENTON
 (c) City or town WARSAW
(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 VERA DALTON SMITH
 (b) If veteran, name war NONE
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month APRIL day 22
 year 1947 hour 7 minute A M.

4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife RAYMOND SMITH
 (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased: APRIL 11 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from never 19__ to never 19__
 that I last saw her alive on about 4-1- 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>0</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death shot gun wound
 Duration _____

9. Birthplace BENTON COUNTY MO
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

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

11. Industry or business _____
 12. Name A. T. RIDDLE
 13. Birthplace BENTON COUNTY MO
(City, town, or county) (State or foreign country)
 14. Maiden name M. BELL DALTON
 15. Birthplace BENTON COUNTY MO
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant RAYMOND SMITH
 (b) Address COLE CAMP
 17. (a) BURIAL (b) Date thereof 4/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation RIVERSIDE CEMETERY

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence 4-22-47
 (c) Where did injury occur? Cole Camp Benton mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

18. (a) Signature of funeral director R. S. C. FUNERAN HOME
 (b) Address WARSAW MO
 19. (a) APRIL-24-1947 (b) Pauline Harris
(Date received local registry) (Registrar's signature)

While at work? yes (Specify type of place) _____
 (e) Means of injury shot gun
 23. Signature R. S. C. Funeran (M. D. or other) _____
 Address Cole Camp Mo Date signed 4-22-47

RECEIVED

District Health Officer No. 7

District File Number 4-47-55

Date Filed 5-9-47

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. 4098

P. O. Address Harshaw

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.