

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 14 1947

Registration District No. _____

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:
801 East 74th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 49 years
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Anna M Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife HARVEY M. Smith

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

7. Birth date of deceased JAN. 20 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Schuyler County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Home

12. Name Wm. Henry Lewis

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

14. Maiden name Elizabeth Barker

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

16. (a) Informant Mrs W J McReynolds

(b) Address Trenton Mo

17. (a) burial (b) Date thereof 6-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Regina Cemetery Trenton Mo

18. (a) Signature of funeral director Raymond A. Adams

(b) Address Trenton Mo

19. (a) 6-8-47 (b) Gene Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. 801 E 74th St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1947 hour 4:50 minute A M.

21. I hereby certify that I attended the deceased from Jan 27 1947 to June 7 1947
that I last saw him alive on June 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Duration 6 mo

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature E. A. Duffey (M. D. or other) _____

Address Trenton Mo Date signed Jan 7 1947

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

40
1
2

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Myself

working under my personal supervision.

Registered Apprentice No.....

Signed

Ray A. Lewis

Licensed Embalmer No. *3424*

P. O. Address *Santa Mo.*

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.