

FILED AUG 25 1947
128

Registration District No. 128

Primary Registration District No. 5465

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural - Campbell sup
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 4 - Springfield
(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

3. (a) PRINT FULL NAME Marietta Smithpeter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 6 18 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business none

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name unknown

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

16. (a) Informant Mrs Kenneth Long

(b) Address Springfield, Mo

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

(2) Place of burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-7-47 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. Route 4
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1947 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 3 1947 to Aug 4 1947
that I last saw her alive on Aug 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 day

Due to Generalized Arterio-sclerosis

Duration 1 day

Due to _____

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

PHYSICIAN _____

Major findings: _____

Of operations g3

Of autopsy _____

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Arthur D Knabb M. D. or other _____
Address 410 1/2 E. Canal Date signed 8-7-47

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

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.....

James B. Boykin

....., Registered Apprentice No. *466*

working under my personal supervision.

Signed *Ray W. Mercer*
....., Registered Embalmer No. *4432*

.....

P. O. Address *Springfield, 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.