

FILED OCT 29 1947

Registration District No. 13

Primary Registration District No. 5057

Registrar's No. 76

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

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Purdy, Barry Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Kingsprairie T.W.P.  
(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 Missouri (b) County Barry  
(c) City or town Purdy, Missouri Rural  
(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

Mary Elizabeth Smith

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

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 October 11 1947  
(Month) (Day) (Year)

8. AGE:

Years 0 Months 0 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Purdy (Rural) Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Luther Smith

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

14. Maiden name Martha Mae Miller

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

16. (a) Informant Luther Smith

(b) Address Purdy, Missouri

17. (a) Burial (b) Date thereof Oct. 13, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grubart Cemetery

18. (a) Signature of funeral director Bennett & Herndington

(b) Address Monett, Missouri

19. (a) 10-18-47 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13  
year 1947 hour 4:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Oct 11 1947 to Oct 13 1947  
that I last saw her alive on Oct 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Patent Foramin ovale  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 157E  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury D

23. Signature J. B. Baldwin (M. D. or other)  
Address Purdy, Mo Date signed 10-18-47

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3

District File Number 10 47- 1125

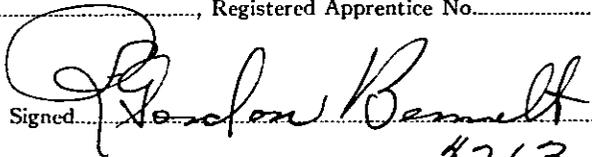
Date Recd OCT 28 1947

---

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. 4213

P. O. Address Monett, 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.