

FILED NOV 17 1947

Registration District No. **139**

Primary Registration District No. **5535**

Registrar's No. **72**

1. PLACE OF DEATH:

(a) County **Holt**

(b) City or town **Hickory twp. rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community **74 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**

(c) City or town **Rural Hickory twp.**
(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 **Francis A. Smith**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **6**
year **1947** hour _____ minute _____ M.

4. Sex **Female** 5. Color or race **white**

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

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

7. Birth date of deceased: **March 19 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 27 1947** to **Nov. 6 1947**; that I last saw her alive on **Nov. 6 1947**; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	80	7	17	hr. _____ min. _____

Immediate cause of death **Chronic Myocarditis** Duration **3 days.**

Due to **Hypertensive Heart Disease** **18 mos.**

9. Birthplace **Andrew County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Due to _____

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

11. Industry or business _____

12. Name **Samuel Praisewater**

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

14. Maiden name **Susan Niece**

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

Major findings: Of operations **932**

Of autopsy _____

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

16. (a) Informant **Mrs. Ch. Huiatt**
(b) Address **Maitland, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/7/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Town cemetery**

18. (a) Signature of funeral director **M. Crawford**
(b) Address **Mound City, Mo.**

19. (a) **11/7/47** (Date received local registrar) (b) **[Signature]** (Registrar's signature) **11/7/47**

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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **M.P. [Signature]** (M.D. or other) **[Signature]**
Address **Maitland, Mo.** Date signed **11/8/47**

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

100

DISTRICT HEALTH OFFICE
Cameroon, 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.....

Alvan M. Lisbona....., Registered Apprentice No. 48.....
working under my personal supervision.

Signed..... W. C. Crawford.....

Licensed Embalmer No. 1824.....

P. O. Address..... W. C. Crawford.....

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.