S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11905

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 79 Primary Registration District No. 4136 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 83 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg 3
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Smith

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

4. Sex Female 3 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed 2

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

7. Birth date of deceased Oct (Month) 4 (Day) 1864 (Year)

8. AGE: Years 83 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business

FATHER
12. Name John Emory 1
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Holiday 1
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Theodore Smith
(b) Address Plattsburg MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg, MO.

18. (a) Signature of funeral director D. D. Lyon
(b) Address Plattsburg, MO.

19. (a) 4-9-48 (Date received local registrar) (b) Eunice Chastain (Registrar's signature) 201

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1948 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Mar 1, 1948, to April 7, 1948; that I last saw her alive on April 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	1 Mo
Due to Hypertension	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. B. Spalding (M. D. or M.D.)
Address Plattsburg Mo Date signed April 9 48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAY 14 1948

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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.