

FILED AUG 12 1948

Registration District No. **32**

Primary Registration District No. **5-109**

Registrar's No. **58**

1. PLACE OF DEATH:
(a) County **Bollinger**
(b) City or town **Rural Crooked Creek**
(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 **71-5-12** (Specify whether years, months or days)
In this community **71-5-12**

3. (a) PRINT FULL NAME **Dora 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? **Widowed**
6. (b) Name of husband or wife **George W. Smith**
6. (c) Age of husband or wife if alive **2** years
7. Birth date of deceased **February 2 1877**
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **12**
If less than one day hr. _____ min. _____

9. Birthplace **Madison Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER {
12. Name **Benjamin Knowles**
13. Birthplace **Dont Know** (City, town, or county) (State or foreign country)
14. Maiden name **Catherino Tinnen**
15. Birthplace **Dont Koov** (City, town, or county) (State or foreign country)

16. (a) Informant **Everett Smith**
(b) Address **Eldon Mo.**

17. (a) **Burial** (b) Date thereof **7-16-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Patton Mo.**

18. (a) Signature of funeral director **Joseph J. ...**
(b) Address **...**

19. (a) **8-11-48** (b) **Neil ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bollinger**
(c) City or town **Rural - Crooked Creek**
(If outside city or town limits, write "RURAL")
(d) Street No. **near Patton** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **14**
year **1948** hour **8** minute **15** M.

21: I hereby certify that I attended the deceased from **December 1947** to **July 14 1948**
that I last saw her alive on **July 11 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of spleen**
Duration **10 months**

Due to _____
Due to _____

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

Major findings: **18**
Of operations **5 3 6**
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 _____
23. Signature **A. Claughton** (M. D. or other)
Address **125 W Main Franklin County Mo** Date signed **7/14/48**

RECEIVED

Health Officer No. 4

File Number 848

Date Filed 8-11-4

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 *Edward J. Young*

Licensed Embalmer No. *2138*

P. O. Address *Pennington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.