

FILED AUG 8 1949

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 2027		Registrar's No. 239		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stotts City</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Hedger (Rt. 11 Wagon)</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Muse</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-1-1949</u>					
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single (1)</u>		8. DATE OF BIRTH <u>Jan-10-1875</u>		
9. AGE (In years last birthday) <u>74</u>		if UNDER 1 YEAR Days <u>6</u>		if UNDER 24 HRS. Hours <u>20</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Jasper County, Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>William Nathan Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Johnson</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hugh Harper</u> ADDRESS <u>Stotts City, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia poisoning</u> ANTECEDENT CAUSES <u>Chronic nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Demented last few weeks</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>unknown</u> <u>592X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Jan 15, 1944</u> , to <u>July 20, 1949</u> , that I last saw the deceased alive on <u>July 20, 1949</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R.A. Halmer M.D.</u> (Degree or title)				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-3-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saracoe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saracoe Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-3-49</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendrickson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J. Torritt</u>		ADDRESS <u>Mt. Vernon, Mo.</u>		

RECEIVED AUG 4 1949
District Health Office No. 6,
District File Number 849-904
Date Filed 8-5-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed May J. Fossett

Licensed Embalmer No. 4252

P. O. Address McDonough, 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.