

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29856

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union, Missouri E. Main</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>January 22, 1869</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Riley Presley</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Lahn</u> ADDRESS <u>St. Clair, 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 <u>Permeious Anemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Nutritional Deficiency</u> 20. AUTO <u>Yes</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>9-14-1949</u> to <u>9-17-1949</u> , that I last saw the deceased alive on <u>9-16-1949</u> , and that death occurred at <u>1:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Kitchell M.D.</u>		23b. ADDRESS <u>St. Clair, Mo.</u>	
23c. DATE SIGNED <u>9/14/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Prospect</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Dell, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 19 1949</u>		REGISTRAR'S SIGNATURE <u>F. D. Cooper</u> 98	
51. FUNERAL DIRECTOR'S SIGNATURE <u>Casey & Russell</u>		ADDRESS <u>St. Clair, Mo.</u>	

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

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DEC 7 1949

District File Number _____

District Health Officer No. 9

RECEIVED SEP 29 1949

OCT 22 1949

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 David Hassel

Licensed Embalmer No. 4520

P. O. Address St. Clair

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.