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FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22295

State File No.

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 61

1. PLACE OF DEATH:

(a) County..... Newton

(b) City or town..... Neosho

(c) Name of hospital or institution:
415 McKinney St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 7 Weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sallie E. Smith

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife..... James Z. Smith

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

7. Birth date of deceased..... June 2, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>3</u>hr.....min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name John W. Oldham

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

14. Maiden name..... Rebecca A. Dudman
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Eugene Cullum

(b) Address 415 McKinney St., Neosho, Mo.

17. (a) Burial (b) Date thereof 6-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Powers Cemetery

18. (a) Signature of funeral director..... Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage Mo.

19. (a) 6-7-41 (b) Una R. Sal... ..
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Newton 73

(c) City or town..... Diamond
(If outside city or town limits, write "RURAL")

(d) Street No..... 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th,
year 1941 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from
December 1940 to June 5, 1941,
that I last saw her alive on June 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute endocarditis

Due to..... Apoplexy right side.

Due to..... 9119

Other conditions..... Senility
(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?
545

While at work?..... (Specify type of place)
(e) Means of injury..... 0

23. Signature Una R. Sal... (M. D. number)

Address Neosho, Mo. Date signed 6-7

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

RECEIVED

District Health Officer No. 6,

District File Number 741-1081

Date Filed JUL 11 1941

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..... *Ed Lee*

Licensed Embalmer No. 2722

P. O. Address Carthage

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.