

No. 2
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5-17-39
-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18049

FILED JUN 18 1942
Registration District No. 334

Primary Registration District No. 5465

Registrar's No. 46

41
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Rural Bethany Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lovetta Rose Smith
3. (b) If veteran, name war L
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1942 hour 17 minute 0 M.
21. I hereby certify that I attended the deceased from May 7
_____ 1942 to May 9 1942
that I last saw her alive on May 7 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 7 1942
(Month) (Day) (Year)

Immediate cause of death _____
Congenital Syphilis
Due to Parents have syphilis
No recent treatment
Due to _____

8. AGE: Years _____ Months 2 Days 2
If less than one day _____ hr. 0 min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Bethany Twp Harrison Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
MOTHER FATHER { 12. Name Manly Smith
13. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Miss Van Meter
15. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Manly Smith
(b) Address Bethany Mo

17. (a) Burial (b) Date thereof May 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt Olivet Church

18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo

19. (a) May 14-42 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

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)
(a) Means of injury _____
23. Signature R.P. Daddan, Jr. (M. D. or other) 0
Address Bethany Mo Date signed 5-14-42

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(Licensed Embalmer's Statement on Reverse Side)

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 ^{not}.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3512

P. O. Address Bethany 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.