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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21625

State File No.

Registration District No. _133_   Primary Registration District No. _3022_   Registrar's No. _73_

1. PLACE OF DEATH:

(a) County _Harrison_

(b) City or town _Bethany_
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution _Bethany Hospital_
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _3 days_
(Specify whether)

In this community _most of Life_
years, months or days

3. (a) PRINT FULL NAME _Viola Pearl Smith_

3. (b) If veteran, name war _—_

3. (c) Social Security No. _—_

4. Sex _Female_   5. Color or race _White_   6. (a) Single, widowed, married, divorced _married_

6. (b) Name of husband or wife _Dennis Smith_   6. (c) Age of husband or wife if alive _69_ years

7. Birth date of deceased _Dec 19 1881_
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	15	hr. min.

9. Birthplace _Harrison Co_ (City, town, or county) _Mo_ (State or foreign country)

10. Usual occupation _Housewife_

11. Industry or business

FATHER
12. Name _Jesse B. Selby_
13. Birthplace _Harrison Co_ (City, town, or county) _Mo_ (State or foreign country)

MOTHER
14. Maiden name _Virginia Bolar_
15. Birthplace _Harrison Co_ (City, town, or county) _Mo_ (State or foreign country)

16. (a) Informant _Dennis Smith_
(b) Address _Bethany Mo_

17. (a) Burial, cremation, or removal   (b) Date thereof _June 6 1944_
(Month) (Day) (Year)
(c) Place: burial or cremation _Miriam Cemetery_

18. (a) Signature of funeral director _Joe E. Wheeler_
(b) Address _Bethany Mo_

19. (a) _June 7-44_   (b) _Zola M Burris_
(Date received local registrar)   (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _Mo_   (b) County _Harrison_

(c) City or town _Bethany Mo 41_
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _0_

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month _June_ day _4_
year _1944_ hour _3_ minute _A.M._

21. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___;

that I last saw h___ alive on _____, 19___;

and that death occurred on the date and hour stated above.

Immediate cause of death _Lobar Pneumonia_   Duration _3 days._

Due to _____

Due to _____

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

Major findings:
Of operations _108_

Of autopsy _____

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? _____
(Specify type of place)

While at work? _____   (e) Means of injury _____

23. Signature _B R Lee_ (M. D. or other)

Address _____   Date signed _5-5-44_

_303_

(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..

...., Registered Apprentice No...,

working under my personal supervision.

Signed........... *Joe E. Wheeler*

Licensed Embalmer No. 3 5 1 2

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.