

No. 2
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-17-39
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FILED SEP 8 1943

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29156

Registration District No. 298

Primary Registration District No. 6023

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Ray Rural township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all his life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nora Bell Smithey
3. (b) If veteran, name war ✓ 3. (c) Social Security No. F

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife James B. Smithey 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 17 - 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Ray Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Henry Clay King
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Jane Thompson
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Wall
(b) Address P.O. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Mo

18. (a) Signature of funeral director Alspang's Coffey
(b) Address P.O. Mo

19. (a) 8-10-43 (Date received local registrar) (b) W. Wash (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo
(c) City or town Ray (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1943 hour 9 PM minute M.
21. I hereby certify that I attended the deceased from June 10 1943 to Aug 8 1943; that I last saw him alive on Aug 7 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma of abdomen
Due to Primary adeno Carcinoma of Rt ovary
Due to H&O
Other conditions (Include pregnancy within 3 months of death)

Duration As not known
As not known

Major findings: General Carcinomatous of abdomen
Of operations of abdomen
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?
While at work? (Specify type of place) (b) Means of injury
23. Signature Chas W. Wash M.D.
Address P.O. Mo Date signed

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

MOTHER FATHER

1143

RECEIVED

Director Health Officer No. 8

State File Number

Date Filed

9-7-43

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

A. G. Cowley

Licensed Embalmer No. 1015

P. O. Address

Palo Alto

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.

Registration District No. 298 Primary Registration District No. 6023

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural (Knoxville)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write "RURAL" and name of township)
(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 Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Bell Smithey
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug Day 9 Year 1943
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.
that I first saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F
5. Color or race N
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

7. Birth date of deceased: May 17 (Month) 17 (Day) 1902 (Year)
8. AGE: Years 73 Months 2 Days 12 If less than one day _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

MOTHER FATHER {
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) AG Black
(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) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

FILED SEP 10

4577

29156