	MISSOURI STATE	· · · · · · · · · · · · · · · · · · ·
	MISSOURI STATE	BOARD OF HEALTH
		ital statistics 26945
t # 97	1. PLACE OF DEATH	TE OF DEATH Do not use this space.
	Gelden /	7 7 6
should y impo		3 4 3 2 1 2 1
	(b) Township Primary Registratio	7
SICIANS should state ON is very important.	(c) City Marshall (d) Street No(If death o	ccurred in Hospital or Institution, write its name instead of street and number)
Z je	(e) Length of residence in city or town where death occurred yrs. mos	
	Dorthy Gene Smith	
PATI	Fast High	Ot State of the St
, d	(a) Residence, No. (Usual place of abode, if no street address, write county	or city) (If nonresident, give city or town and State)
OCCUPATION	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR	0
X t	DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 2 . 19.3 9
P H	Female White Single	2 HEREBY CERTIFY That I attended deceased from
stated EXAC statement of	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	July 15 , 10 4 , 10 July 7 7 , 194
_	(OR) WIFE OF	Plast sawn Qy alive on Death is said
ld be Exact	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1937	to have occurred on the date stated above, atm.
should d. En	7. AGE YEARS MONTHS DAYS If LESS than 1 day,	The principal cause of death and related causes of importance were as follows:
S S S	2 I II ormin.	Plocate of anset
AGE sl	Z 8. Trade, profession, or particular kind of	maria a con
	8. Trade, profession, or particular kind of Work done, as sawyer, bookkeeper, etc	
	n was done, as saw mill, bank, etc	(1) (1)
supplied. properly	0 this occupation (month and spent in this	
	O year) occupation	
Ely Pe	12. BIRTHPLACE (CITY OR TOWN). Marshall	Other contributory causes of importance:
carefull : may b	(STATE OR COUNTRY) Missouri	Man de Company
5 <u>1</u>		felle maries jag
ld be c that it	F Soling Constr	[/- /20]
shoule 3, 80 t	4. BIRTHPLACE (CITY OR TOWN) SETTING COUNTY MISSOURI	Name of operation Date of
8, 8,		What test confirmed diagnosis Was there an autopsy
ation sl terms,	15. MAIDEN NAME Lela McKessick	23. If death was due to external causes (violence), fill in also the following:
		Accident, suicide, or homicide?
nform plain	ž (STATE OR COUNTRY) Missouri	Where did injury occur?(Specify city or town, county, and State)
	17. INFORMANT	Specify whether injury occurred in industry, in home, or in public place.
HH	(ADDRESS) Marshall, Mo.	Manner of injury
ry item o DEATH	18. BURIAL, CREMATION, OR REMOVAL	Nature of injury.
P.A	PLACE California, Mo. DAYE July 23 1939	24. Was disease or injury in any way related to occupation of deceased.
ÖF OF	19. FUNERAL DIRECTOR (NAME) Campbell-Lewis	If so, specify
B.—	(ADDRESS) Harshall, Mo.	(Signed) // Mullimorus 1, M. D.
7. E	7-22-39 mary Kent	7/2 Mars 111
10	20. FILED 19 Local Registrar.	7/0
	(Licensed Embaimer's 8	Statement on Reverse Side)
	· ·	

RECEIVED

District Health Officer No. 8,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body v	whose name is recorded	on the reverse side o	f this certificate was en	nbalmed by me,	or by	
D11/2	$\Omega \sim \Omega$			• ′	•	
6///	11.100	•				
	$\wedge \cup \cup \cup X$		D . 1.4	1 A L NT -		

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.