

FILED MAR 16 1945
Registration District No. **52**

Primary Registration District No. **5484**

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **Mary Belle 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 **Single**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **15** years

7. Birth date of deceased. **Feb 15 1945**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 hr. **7** min.

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

10. Usual occupation **at home**

11. Industry or business.

MOTHER { 12. Name **Marilyn Smith**
13. Birthplace **Harrison Co Mo**
14. Maiden name **Miss Wameter**
15. Birthplace **Harrison Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marilyn Smith**
(b) Address **Butler Twp Mo**

17. (a) **Burial** (b) Date thereof **Feb 16 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Olivet Cemetery**

18. (a) Signature of funeral director **Joe E. Wheeler**

(b) Address **Butler Twp Mo**

19. (a) **Feb 20 1945** (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 **Mo** 41
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Butler Twp**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **16**
year **1945** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 15 1945** to **Feb 16 1945**
that I last saw her alive on **Feb 15 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **19**
Of autopsy **18**

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? (Specify type of place) (e) Means of injury **2**

23. Signature **D. C. M. Probst** (M.D. or other) **2**
Address **Butler Twp Mo** Date signed **Feb 19/45**

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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

Joe E. Wheeler

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.