

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

43941
Do not use this space.

FILED DEC 17 1943

1. PLACE OF DEATH

(a) County Schuylers Registration District No. 325
 (b) Township Lancaster Primary Registration District No. 4478
 (c) City Lancaster (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Lee Smith

(a) Residence, No. Lancaster, Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>63</u>	<u>8</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. reporter

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuylers Mo.

FATHER

13. NAME Wm. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Mary Figg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Mrs. E. E. Perkins (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania DATE Nov. 21 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mare Leads Lancaster Mo.

20. FILED Nov 22, 1943 Ed. J. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1943 to Nov. 18, 1943
 I last saw him alive on Nov. 18, 1943 Death is said to have occurred on the date stated above, at 4.20 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of wall bladder and extension to pancreas

Date of onset May 1943

Other contributory causes of importance: H6f

Name of operation None Date of _____
 What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Ida M. Newton, M. D.
 (Address) Lancaster, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM-P-10 I X 16603

RECEIVED

Direct Health Officer No. 10

District File Number 12-43-2024

Date Filed DEC 5 1943

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.....

True - Minnie Marehead....., Registered Apprentice No.....

working under my personal supervision.

Signed Marehead's.....

Licensed Embalmer No. 3731-3680

P. O. Address.....

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, above space should be left blank.