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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1944

Registration District No. 28

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10402

Primary Registration District No. 3006

Registrar's No. 53

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: 238 Hirth ave
(If outside city or town limits, write "RURAL")
(d) Street No.: Columbia Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mary Elisabeth Smith
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: m
6. (b) Name of husband or wife: Harold Smith
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: March 27 1899 (Month) (Day) (Year)
8. AGE: Years 44 Months 11 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace: Callaway Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: "
MOTHER FATHER
12. Name: Carl Hopsecker
13. Birthplace: Canada (City, town, or county) (State or foreign country)
14. Maiden name: Fannie Davis
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Harold Smith
(b) Address: 238 Hirth St Columbia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 2-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Steedman Cem
18. (a) Signature of funeral director: Leo Wallace
(b) Address: Fulton Mo
19. (a) 3-1-1944 (Date received by registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29th year 1944 hour 11:15 minute P M.
21. I hereby certify that I attended the deceased from Feb-1- 1944 to Feb-29 1944 that I last saw her alive on Feb-28 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Left Breast	
Due to: with Metastasis in Lumbar-bones etc	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

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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) (e) Means of injury
23. Signature: F. C. Suggett (M. D. or other) M.D.
Address: Columbia Date signed: 3-1-44.

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(Licensed Embalmer's Statement on Reverse Side)

Mrs Barbee
L15 Range Line

RECEIVED
District Health Officer No. 9,
District File Number .....
Date Filed 3-23-44

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 Leo Navarre

Licensed Embalmer No. .....

By Robt. Fulton Mc

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.