

STANDARD CERTIFICATE OF DEATH

State File No. **32709**

FILED NOV 1 1946

Registration District No. **38**

Primary Registration District No. **9006**

Registrar's No. **251**

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

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town ~~Boone~~ **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1315 Windsoy /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **life**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Boone** **10**  
(c) City or town **Columbia** **2**  
(If outside city or town limits, write "RURAL") **f**  
(d) Street No. **1315 Windsoy** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Mary Susan Smith**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2**  
6. (b) Name of ~~husband~~ or wife **Jessie Smith** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **June 28, 1858**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 3 21** hr. **0** min.

9. Birthplace **Near Sturgeon Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER  
12. Name **William Palmer** **0**  
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Whitley**  
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ed Faddis**  
(b) Address **Columbia Mo**

17. (a) **Centralia** (b) Date thereof **Oct. 20, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia Mo**

18. (a) Signature of funeral director **Glenn Ferguson**

(b) Address **Centralia, Mo**

19. (a) **10-23-46** (b) **Mrs. R. C. Palmer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19**  
year **1946** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 1 - 1946** to **Oct - 19 1946**  
that I last saw her alive on **Aug - 21 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Valvular Heart Disease**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations..... **92D**  
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 **0**

23. Signature **F. C. Suggitt** (M. D. or **MD**)  
Address **Columbia Mo** Date signed **10-29-46**

Date 10/29/46  
District Health Officer No. 9  
**RECEIVED**

**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 *Granderson*  
Licensed Embalmer No. 4230  
P. O. Address Centralia 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.