S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12452

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 109

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: On way to Boone Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 25 yrs. years, months or days)

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

3. (a) PRINT FULL NAME TURNER SMITH
3. (b) If veteran, name war —
3. (c) Social Security No. 495-12-2603
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Margarett Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10-11-1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	5	24	hr. min.

9. Birthplace Rockport (City, town, or county) Mo (State or foreign country)
10. Usual occupation Waiter
11. Industry or business Tavern
FATHER
12. Name Robert Smith
13. Birthplace Rockport (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Hattie Pipes
15. Birthplace Rockport (City, town, or county) Mo (State or foreign country)
16. (a) Informant Louise Bannister
(b) Address St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia, Missouri
19. (a) 4-9-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1947 hour 11 minute P.M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to Believed to be heart	
Due to disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None 95C	

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? (e) Means of injury 3
23. Signature [signature] Coroner (M. D. or other)
Address Columbia Mo Date signed 4/9/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] No. 9,
District File [illegible]
Date Filed 4-21-47

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 Lucas R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.