. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16682

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 200

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fisk, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ash Hill Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Fisk, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dora 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 Married /
6. (b) Name of husband or wife Harve S. Smith
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June (Month) 22. (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
32	10	17	hr. min.

9. Birthplace Stoddard Co., (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name E. C. Gillaham /
13. Birthplace Carmi (City, town, or county) Ill. / (State or foreign country)
MOTHER
14. Maiden name Nettie Courtson
15. Birthplace Carmi, (City, town, or county) Ill. / (State or foreign country)
16. (a) Informant Harve S. Smith
(b) Address Fisk, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5. 11. 47. 10. am (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill, Mo.
18. (a) Signature of funeral director Watkins Funeral Service,
(b) Address Dexter, Mo.
19. (a) 5/14/47 Dexte, (Date received by registrar) (b) R W Minette (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from July, 1946, to May 8, 1947, that I last saw her alive on May 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart disease	
Due to	
Due to	
Other conditions Acromegalia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 21
23. Signature T. B. Skilling (M. D. or other) DO
Address Fisk Mo Date signed May 10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 542-741
Date Filed 5-20-42

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.