S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1947

Registration District No. 2-8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32104

Primary Registration District No. 6-967

Registrar's No. 6-8

83

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Rural--Weston Weston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community entire life

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

3. (a) PRINT FULL NAME Elizabeth Francis Smither
3. (b) If veteran, name war XX
3. (c) Social Security No. XX
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased November (Month) 26 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
83	9	17	hr. min.

9. Birthplace Weston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Samuel Marian
13. Birthplace XX (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Elizabeth Furnish
15. Birthplace XX (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Claud Winburn
(b) Address Weston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.
18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri
19. (a) Sept 18-47 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1947 hour 2 a.m. minute M.
21. I hereby certify that I attended the deceased from Aug. 26, 1947, to Sept. 10, 1947; that I last saw her alive on Sept. 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uraemia, following a fall from a chair	1 week
Due to Chronic glomerular nephritis 5 yrs	
Due to Arteriosclerosis	
Other conditions XXXX (Include pregnancy within 3 months of death)	

Major findings:
Of operations XXXX
Of autopsy None

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) XXXX
(b) Date of occurrence XXXX
(c) Where did injury occur? XXXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX
While at work? XXX (Specify type of place) (e) Means of injury XXXX
23. Signature Lewis C. Calvert (M. D. or other)
Address Weston Missouri Date signed 9/15/47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.