No. 2
2-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4200

Registration District No. 52

Primary Registration District No. 5184

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles East Millersville 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau 16

(c) City or town Jackson 2
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 1
(If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OLLIE V. 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 Widowed

6. (b) Name of husband or wife Dewitt Smith

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 29, 1874
(Month) (Day) (Year)

8. AGE: Years 73 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Arnsberg (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ✓

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hulda Wills
15. Birthplace Arnsberg (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Luther R Smith
(b) Address Oak Ridge MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director R Miller
(b) Address Jackson

19. (a) 3-6-48 (Date received local registrar) (b) D. G. Seibert (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 5:45 minute P.M.

21. I hereby certify that I attended the deceased from 8-25, 1947, to 3-3-, 1948 that I last saw her alive on 3-3-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Acute myocardial failure

Due to (1) Long standing myocarditis, auricular fibrillation

Due to (2) Hypertension heart disease

Other conditions (Include pregnancy within 3 months of death) (3) Renal failure

Major findings:
Of operations ✓
Of autopsy ✓ 938

Duration

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 —

23. Signature Allen M Estes (M. D. or other) MD

Address Jackson, Mo Date signed 3-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 348-316

Date Filed 3-8-48

MAR 26 1948

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 Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, Me.

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.