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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11616

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 489

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 6703 Carnegie St. 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carol Sue Smith
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 25, (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	0	0	29	hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Infant
11. Industry or business None
FATHER
12. Name Luther Smith
13. Birthplace Platte Co., (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Freda Hamner
15. Birthplace Buchanan Co., (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Luther Smith (father)
(b) Address 6703 Carnegie St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Frazier, Mo.
18. (a) Signature of funeral director John E. Ruffe
(b) Address 6054 Pryor Ave., City
19. (a) 5-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24, year 1948 hour 9 minute :28 P.M.

21. I hereby certify that I attended the deceased from April 23, 1948, to April 24, 1948 that I last saw her alive on April 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis, streptococcal	3 days
Due to XXXX	
Due to XXXXX	
Other conditions Anemia (Include pregnancy within 3 months of death)	Ukn.

Major findings: Of operations 810
4-25-48 Of autopsy Miningitis (Gross Diagnosis)

PHYSICIAN
Underline the cause of 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 0

23. Signature Owen W. D. Craig (M. D. ~~or other~~)
Address The Tootle Bldg. St. Joseph, Missouri Date signed 4/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.