. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11956

FILED MAY 7 1948

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 60 Years/
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 416 Seventh St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Frank H. Smith.
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Kate Yaeger Smith
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased September (Month) 16 (Day) 1860 (Year)

8. AGE: Years 87 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Bloomington (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Retired
11. Industry or business Transfer Business.

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

MOTHER
14. Maiden name Unknown.
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellis W. Davis.
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2"/48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery.
18. (a) Signature of funeral director Goodman & Boller.
(b) Address Boonville, Mo.
19. (a) 5-1-48 (Date received local registrar) (b) D. E. Hooper (Registrar's signature) 381

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour about 6:30 P. M.

21. I hereby certify that I attended the deceased from June 1944 to April 30 1948; that I last saw him alive on April 24 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia	
Due to Strangulation	
Due to Hanging	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Suicide
(b) Date of occurrence 4/30/48
(c) Where did injury occur? Boonville (City or town) Cooper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Large in home premises (Specify type of place)
While at work? (e) Means of injury Strangulation

23. Signature M L Deekraeger (M.D. or other) MD
Address Boonville Mo Date signed 5/1/48
Carmen Cooper Co Mo

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-6-48

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 William W. Wood, Registered Apprentice No. 480, working under my personal supervision.

Signed J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.