U. S. No. 300
10M—10-47
Rev. 5-17-39
(S-) I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 55

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16749

Primary Registration District No. 3127

Registrar's No. 83

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town WEBB CITY, MISSOURI (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 N. LIBERTY (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 73yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town WEBB CITY, MISSOURI (If outside city or town limits, write "RURAL")
(d) Street No. 309 N. LIBERTY (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH FETTERS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 10 (Day) 1868 (Year)

8. AGE: Years 79 Months 5 Days 23 If less than one day hr. min.

9. Birthplace BEATRICE, (City, town, or county) NEB. (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business

FATHER
12. Name DUNCAN SMITH
13. Birthplace SCOTLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH HEEK
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)

16. (a) Informant FRED DARROW (NEPHEW)
(b) Address CARTHAGE, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/31-48 (Month) (Day) (Year)
(c) Place: burial or cremation WEBB CITY CEMETERY
18. (a) Signature of funeral director HEDGE-LEWIS
(b) Address WEBB CITY, MISSOURI
19. (a) MAY 31, 1948 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28 year 1948 hour 1 minute A.M.
21. I hereby certify that I attended the deceased from May 24 1948, 19..., to May 28, 1948, that I last saw h[illegible] alive on May 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory collapse -
Due to Chronic Fibro Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 R. M. Stormont (M. D. or other)
Address Webb City Mo Date signed 5/28/48

(Licensed Embalmer's Statement on Reverse Side)

48-5-488

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 Leonard J. Lewis Jr., Registered Apprentice No. 46, working under my personal supervision.

Signed E W Hedge E

Licensed Embalmer No. 2859

P. O. Address Webb City 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.