FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 2 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18710
State File No.

Primary Registration District No. 5120

Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 6 1
(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: 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D #6 Columbia 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JIM SMITH
3. (b) If veteran, —
name war
3. (c) Social Security No.

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Lillie Smith
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 4 - 7 - 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	2	11	hr. min.

9. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Farm
MOTHER FATHER
12. Name: Doll Smith
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: —
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Herman Smith
(b) Address: Columbia No. R.F.D. #4
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 6-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Log Providence
18. (a) Signature of funeral director: Street & Parker
(b) Address: Columbia, Missouri
19. (a) 6-23-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1948 hour 1 minute XX A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unknown	
Due to: Believed to be heart	
Due to: disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NO
Of autopsy: NO

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
23. Signature: E. O. Ward Corner (M.D. or other)
Address: Columbia Mo Date signed 12/48

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

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

RECEIVED
District Health Officer No. 9,
District File Number JUN 30 1948
Date Filed

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 Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.