DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23824

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 213

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 W. Henry 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 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 217 W. Henry 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rebecca Taylor Smith

3. (b) If veteran, name war —
5. (c) Social Security No. —

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Henry Smith
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Aug. (Month) 4 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Lebanon (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Domestic
11. Industry or business —

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

MOTHER
14. Maiden name Amanda Taylor
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mr. Ellis L. Smith
(b) Address 217 W. Henry, St - Sedalia, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Glennwood Cemetery - Sedalia, Mo.
18. (a) Signature of funeral director J. Price Alexander
(b) Address 400 W. Cooper, St - Sedalia, Mo.
19. (a) 7-21-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1948 hour Nine minute P M.
21. I hereby certify that I attended the deceased from July 8, 1948 to July 17, 1948
that I last saw her alive on July 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Chronic Interstitial Nephritis
Due to myocarditis
Other conditions Senility
(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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. R. Maddox (M. D. ~~or other~~) M.D.
Address 116½ W. Main Sedalia, Mo. Date signed 7-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-27-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 4245

P. O. Address Sedalia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.