

FILED SEP 10 1948  
Registration District No. **52**

Primary Registration District No. **4078**

1. PLACE OF DEATH:  
(a) County **Cape Girardeau**  
(b) City or town **Belleville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cape Girardeau**  
(c) City or town **Belleville** (If outside city or town limits, write "RURAL")  
(d) Street No. **16000** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **LIBBIE ELIZABETH SMITH**  
(b) If veteran, name war **none**  
(c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** day **26** year **1948** hour **7** minute **50 P.M.**  
21. I hereby certify that I attended the deceased from **Aug 27** to **Aug 27**, 19**48** at **Belleville, Mo.** that I last saw her alive on **Aug 26**, 19**48** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John F. Smith** 6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased: **Nov. 27, 1884** (Month) (Day) (Year)

Immediate cause of death **Colitis**  
Due to **paralysis of bladder**  
Other conditions (Include pregnancy within 3 months of death)  
Duration

8. AGE: Years **63** Months **8** Days **29** If less than one day hr. min.

9. Birthplace **Advance, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **Jane Simpson**

13. Birthplace **Berlin** (City, town, or county) (State or foreign country)

14. Maiden name **Maranda Johnson**

15. Birthplace **Berlin** (City, town, or county) (State or foreign country)

16. (a) Informant **John F. Smith**  
(b) Address **Belleville, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 28, 1948** (Month) (Day) (Year)  
(c) Place: burial or cremation **Berger's Mortuary**

18. (a) Signature of funeral director **Alfred S. Morrison**

(b) Address **1115 S. 1st St. Belleville, Mo.**

19. (a) **9-2-48** (b) **D. G. Suther** (Date received local registrar) (Registrar's signature)

Major findings:  
Of operations  
Of autopsy **135B**

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(a) 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?  
While at work? (Specify type of place) (e) Means of injury  
Signature **W. J. Davanel** (M.D. or other)  
Address **Belleville Mo** Date signed **Aug 28/48**

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 948

Date Filed 9-9-

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 H. May*, Registered Apprentice No. *208*  
working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. *3361*

P. O. Address *Advaner m*

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

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