

FILED SEP 29 1948

Registration District No. 94

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: #712 Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community About 50 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. #12 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mrs Cora Smith.

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased Nov. 15 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 0  
If less than one day  
..... hr. .... min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business.....

12. Name George Wright.

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

14. Maiden name Nancy Dodson.

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

16. (a) Informant Mrs. Sophia Deemer.

(b) Address 712 Franklin Moberly Mo.

17. (a) Burial (b) Date thereof Sept 17 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark Mo.

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo.

19. (a) Sept 17-48 (b) Edith Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1948 hour 7 minute 35 p.m.

21. I hereby certify that I attended the deceased from 1946, 19....., to 9-15-48, 19.....;  
that I last saw him alive on 9-15-48, 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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 2

23. Signature E. T. Whitaker (M. D. or other) DO

Address Moberly Mo Date signed 9-17-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9.48.1682

Date Filed SEP 28 1948

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

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.