No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33532

Registration District No. 1 Primary Registration District No. 3043 Registrar's No. 332

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/19/48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 21
(If outside city or town limits, write "RURAL")
(d) Street No. 120 A Bird O
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel C. 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 Married
6. (b) Name of husband or wife George Frank Smith
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 17, 1894 (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Mozier Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business xx

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

MOTHER
14. Maiden name Barbara Fanning
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant R Smith
(b) Address 120 A Bird Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mozier Illinois
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 10-22-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1948 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw her alive on 10/21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Due to Disease of the heart due to valvular insufficiency
Due to
Other conditions Asthma - Hypostatic pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 O
23. Signature Jill Canella M.D. (M. D. or other)
Address 1001 Broadway Date signed

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

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.....W. Crawford Smith.....

Licensed Embalmer No.....3814.....

P. O. Address.....Hannibal Missouri.....

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

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