

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 25 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33388  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796  
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 128  
 (c) City Marshall (d) Street No. Fitzgibbons Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Eveyln Smith

(a) Residence, No. 369 South Elsworth St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1917  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pettis County 0  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Harper Moses Smith 1  
 14. BIRTHPLACE (CITY OR TOWN) North Carolina 0  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lena May Dane  
 16. BIRTHPLACE (CITY OR TOWN) Saline County  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Orville Smith  
 (ADDRESS) Pilot Grave, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Sept. 11, 1938

19. FUNERAL DIRECTOR Campbell-Lewis Funeral Home  
 (ADDRESS) Marshall, Mo.

20. FILED 9-12-1938 Mary Kent  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Sept 10, 1938  
 I last saw him alive on Sept 10, 1938. Death is said to have occurred on the date stated above, at 12:20 p.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia 3 days  
Diabetes  
 Other contributory causes of importance: None  
 Name of operation None Date of None  
 What test confirmed diagnosis? Culture Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Robert Kennedy, M. D.  
 (Address) Marshall, Mo.

STATEMENT BY LICENSED EMBALMER

I, Joe H. Parris, Licensed Embalmer No. 1171

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Joe H. Parris

Licensed Embalmer No. 1171

**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.)**