

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13670  
Do not use this space.

MAY 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002 Registered No. 1424  
 (c) City Jackson City (d) Street No. 4642 South Benton 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth, yrs. mos. ds.

2. PRINT FULL NAME

530 MRS ANNA SIBLEY SMITH  
 (a) Residence, No. 4642 So Benton 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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank L. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) (STATE OR COUNTRY) Windear Missouri

FATHER 13. NAME J. N. Marquess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irgo Co. Kentucky

MOTHER 15. MAIDEN NAME Minnie D. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Kentucky

17. INFORMANT (ADDRESS) Frank L. Smith 4242 So Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE April 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. H. Newcomer's Sons Brushcreek & Pines

20. FILED Apr 3 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1938 to Apr 2, 1939.  
 I first saw him alive on March 31, 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer of the Cervix with metastasis  
48  
 Other contributory causes of importance: Cancer cervix

Name of operation None done Date of...  
 What test confirmed diagnosis? Biopsy 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) Oliver R. Thour, M. D.  
 (Address) 1018 Professional Bldg

**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 \_\_\_\_\_

*George M. Collier*

Licensed Embalmer No. \_\_\_\_\_

*3839*

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**