DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 6 OCT 10 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31845

Registration District No. 73 — Primary Registration District No. 5112 — Registrar's No. 200

1. PLACE OF DEATH:

(a) County Boone 2

(b) City or town Columbia Route 4 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NO (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 1

(c) City or town Columbia "RURAL" (If outside city or town limits, write "RURAL")

(d) Street No. South 4 Mile - Route 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME MAHALA P. SMITH 53

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ben S Smith

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Feb (Month) 4 (Day) 1855 (Year)

8. AGE: Years 84 Months 7 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Boone Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business " "

FATHER
12. Name John BASSNET
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Dont Know (State or foreign country)

16. (a) Informant's own signature Mrs A M Thornton

(b) Address Route 4, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27 1939 (Month) (Day) (Year)

(c) Place: burial or cremation NASHVILLE Cem

18. (a) Signature of funeral director R Owiers

(b) Address Columbia, Mo.

19. (a) 9/26/39 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1939 hour 2.10 minute P M.

21. I hereby certify that I attended the deceased from 9/22-39, 19__, to 9/24, 1939 that I last saw her alive on 9-24-39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 24 hours duration

Due to Arteriosclerosis

Due to

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

Major findings: Of operations —

Of autopsy —

Duration

PHYSICIAN — Underline the cause to 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 —

23. Signature F B Williamson (M. D. or other)

Address Columbia Date signed 9/26/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

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 R O Wiley

Licensed Embalmer No. 3188

P. O. Address Columbia Mo

Whitlett
FUNERAL HOME
COLUMBIA, 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, above space should be left blank.