No. 2
1-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43449

State File No.

FILED JAN 25 1941

Registration District No. 068

Primary Registration District No. 3032

Registrar's No. 381

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 507 South New York (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 507 South New York (If rural, give location)

0

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

3. (a) PRINT FULL NAME Frances Cleveland Smith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Everett Joseph Smith

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 24, 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Howard County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 9

FATHER
12. Name Andrew J. Adams 7
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Josephine Forth (Daughter)

(b) Address 1001 S. Montgomery, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill, Sedalia, Mo.

18. (a) Signature of funeral director [signature]

(b) Address Sedalia, Mo.

19. (a) 12-9-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1940 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5-12, 1940, to 12-6, 1940 that I last saw her alive on 6-29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Hypertension

Due to Arteriosclerosis

Cardiac decompensation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 Pr

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 J. M. Rodeman (M. D. ~~other~~)

Address 317 Elgenfritz Bldg Date signed 12-9-40

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1946

Date Filed 1-14-41

No. 8

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 Duane Ewin

Licensed Embalmer No. 3847

P. O. Address Sedalia, M

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

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