FILED APR 17 1942

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

11757
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township or (c) City Moberly — Primary Registration District No. 8134 — Registered No. 63
(d) Street No. C. McCormick 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 ADA MAE SMITH
(a) Residence, No. Camp Moberly Moberly MO St.
(Usual place of abode, if no street address, write country or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ed. J. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-17-1879
7. AGE: Years 63 — Months 1 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
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 COUNTY): Randolph Co. Missouri

FATHER
13. NAME: Harrison Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Kentucky

MOTHER
15. MAIDEN NAME: Rachel Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Missouri

17. INFORMANT (ADDRESS): Ed. J. Smith Moberly MO
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Union Chapel — DATE: Mar-21-1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Snow Funeral Home Moberly Mo.
20. FILED 3-20 1942 Irma Rave, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1942

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1942, to 3-19, 1942. I last saw her alive on 3-19, 1942. Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Broncho	3-19-42

Other contributory causes of importance: 107

Name of operation ..... Date of .....
What test confirmed diagnosis? Typical 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) F. L. McCormick, M. D.
(Address) Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-9-19-38 1 X16505

RECEIVED
District Health Officer No. 10
District File Number 4-10-824
Date Filed APR 15 1942

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. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.