

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24580**  
Registrar's No. **993**

Registration District No. **17** Primary Registration District No. **5769**

1. PLACE OF DEATH: **Callaway**  
(a) County **Callaway**  
(b) City or town **4 Miles S.W. Williamsburg**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home Made Nursing Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **32 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Callaway**  
(c) City or town **4 Miles S.W. Williamsburg**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MILDRED LEE SMITH**

3. (b) If veteran, name war **WW2** 3. (c) Social Security No. **197K**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **George L. Smith** 6. (c) Age of husband or wife if alive **88** years  
7. Birth date of deceased **July 15 1886**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **0** Days **2** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Mineola Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Charles Crane**  
13. Birthplace **Mineola Mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Verilla Bibb**  
15. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Burton Smith**  
(b) Address **Williamsburg, Mo**

17. (a) **Burial** (b) Date thereof **7/19/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Crane Cemetery Williamsburg**

18. (a) Signature of funeral director **Lee G. Wallace**  
(b) Address **Fulton, Mo**  
19. (a) **7-19-1943** (b) **Jose Morosukhoff**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17** year **1943** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Feb 20, 1943 to sometime in 1943**  
that I last saw her alive on **Feb 20**, 1943;  
and that death occurred on the date and hour stated above

Immediate cause of death **Stroke, apoplexy** Duration \_\_\_\_\_

Due to **Arterio Sclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **gout**

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. H. Jones** (M. D. or other) \_\_\_\_\_  
Address **Fulton, Mo** Date signed **7/19/43**

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

14  
00

FILED AUG 7 1943  
FILED AUG 1943/7

1161

---

---

**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..... *Albert E. White* .....

Licensed Embalmer No..... *4168* .....

P. O. Address..... *Fulton, 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, fact should be so stated above.**