

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 27 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
818 1/2 Range Line  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 1/2 Range Line  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME HENRIETTA 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 Owen Smith  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 1 - 29 - 1875  
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 14  
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER { 12. Name John A. Comer  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claude Pauley  
(b) Address Columbia, Missouri

17. (a) Burial (b) Date thereof 2-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director Parsons Funeral Service  
(b) Address Columbia, Mo.

19. (a) 2-16-1944 (b) E. John H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1944 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from Jan.  
1943 to FEB. 13 1944  
that I last saw him alive on Feb. 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Duration from  
Due to Arteriosclerosis

Due to 3A  
Other conditions Nada atropis  
(Include pregnancy within 3 months of death)  
at age

Major findings: none  
Of operations none  
Of autopsy none

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) No  
(b) Date of occurrence No  
(c) Where did injury occur? No  
(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) (Specify type of injury)  
23. Signature [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 2-19-44

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

2  
43  
7-39  
X35597

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-22-44

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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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 4437

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, fact should be so stated above.