

FILED MAR 12 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 41

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: BOONE CO HOSPL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 Yr years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County BOONE 10  
(c) City or town COLUMBIA 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 CHRISTIAN COLLEGE AVE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country XX

3. (a) PRINT FULL NAME E VA JANE SMITH

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife E. F. SMITH 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased APRIL 12th 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>2</u>	hr. _____ min.

9. Birthplace CALLAWAY CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation MELLENARY

11. Industry or business OWNER

12. Name ALEC MC DONALD

13. Birthplace AUDRAIN CO MO  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA SANFORD

15. Birthplace AUDRAIN CO. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS BOTKIN

(b) Address COLUMBIA MO

17. (a) BURIAL (b) Date thereof FEB 18 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SEDALIA

18. (a) Signature of funeral director [Signature]  
(b) Address COLUMBIA MO

19. (a) 2-17-46 (b) Mrs R E Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB'Y day 14th  
year 1946 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 31 1946 to Feb 14 1946  
that I last saw her alive on Feb 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arrhythmia or Fibrillation 4 yrs  
Myocardial Failure ?  
Due to Hypertension 20 yrs

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 95%

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 plane) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. J. B. [Signature] (M. D. or other) MD  
Address [Signature] Date signed 2/16/46

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

3608

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-11-46

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, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lynnan H. Sprinkle  
Licensed Embalmer No. 4013  
P. O. Address 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, fact should be so stated above.