

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 21 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 120

Primary Registration District No. 5448

Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Steuir  
(b) City or town: Rural Higgins Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Steuir 38  
(c) City or town: Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No.: Higgins Township 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Zella Catherine Smith

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

4. Sex: Female 5. Color or race: W. 6. (a) Single, widowed, married, divorced: Married  
7. (b) Name of husband or wife: Edward Smith 6. (c) Age of husband or wife if alive: 76 years  
8. Birth date of deceased: December 29 1871  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>75</u> | <u>2</u> | <u>28</u> | hr. _____ min. _____ |

9. Birthplace: Antigua Co Jawa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

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

MOTHER FATHER  
12. Name: Jacob Smith 1  
13. Birthplace: Pa. Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name: Smith 9  
15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: Edward Smith

(b) Address: Albany Mo R. F. D.

17. (a) Burial (b) Date thereof: 3-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Cape Girardeau

18. (a) Signature of funeral director: Robert Brock

(b) Address: Albany Mo

19. (a) April 8 1947 (b) Homer Th. Webster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27<sup>th</sup> 1947  
year 1947 hour 2 minute 30 P.M.

21: I hereby certify that I attended the deceased from March 26<sup>th</sup> 1947 to March 27<sup>th</sup> 1947  
that I last saw her alive on March 27<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Cerebral Hemorrhage 18  
High Blood Pressure known  
Arterio Sclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Duration  
18  
known  
known  
**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) (c) Means of injury \_\_\_\_\_

23. Signature: W. S. Campbell (M. D.)  
Address: Albany Mo \_\_\_\_\_

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

2019148

DISTRICT HEALTH OFFICE  
BOSTON, Mo.

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 me

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

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.