S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1947

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5320

23777

State File No. _____

Registrar's No. 24

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town SPEED (Palestine Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town SPEED 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ADA SMITH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 29 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	21	_____ hr. _____ min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name UNKNOWN
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name MARY HENDERSON
15. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant FORREST SMITH
(b) Address SPEED, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation SPEED, MO.

18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE, MO.

19. (a) 7/22/47 (Date received by local registrar) (b) Nellie Mullett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20th
year 1947 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from June 21 1947 to July 20 1947 and that I last saw him alive on July 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular disease of Heart — Duration 7

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature A. R. Meredith M. D. of office
Address Brassu Hospital Date signed 7/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-67

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 HARRY E. MONROE, Registered Apprentice No. 485, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, 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.