No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26923

FILED AUG 25 1947

Registration District No. ..... Primary Registration District No. 5134 Registrar's No. 969

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural, Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ½ Mi. North Agency, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 83 years (Specify whether years, months or days)
In this community: 83 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural, Washington Township
(If outside city or town limits, write "RURAL")
(d) Street No.: ½ Mile No. of Agency, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Frances Catherine Smith
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Charles H. Smith
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: September (Month) 6 (Day) 1861 (Year)

8. AGE: Years 85 Months 11 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
MOTHER FATHER
12. Name: Richard Moore
13. Birthplace: Wood County (City, town, or county) Virginia (State or foreign country)
14. Maiden name: Sidney C. Shortridge
15. Birthplace: Bowling Green (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Anna Catherine Smith
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Neaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 8-14-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10 year 1947 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from Aug 10, 1947, to Aug 10, 1947, that I last saw her alive on Aug 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1-2 days
Due to: Arteriosclerosis	
Due to:	
Other conditions: Bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83A
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0
23. Signature: Maxwell Day (M. D. or other)
Address: 218 N 7th St. Joseph, Mo. Date signed: 8-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 16th St. Joseph, M

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.