No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 15 1947

Registration District No. 43

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4057

State File No. 30525

Registrar's No. 356

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Qulin, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home P.O. Box 197 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community: 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Qulin Box 197 (If outside city or town limits, write "RURAL") 0
(d) Street No.: — (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Jessie Lee Smith
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cecil Smith
6. (c) Age of husband or wife if alive: 33 years
7. Birth date of deceased: January (Month) 12 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	8	24	hr. min.

9. Birthplace: unknown (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: 0
12. Name (Father): Alfred Williams
13. Birthplace (Father): Butler County (City, town, or county) Missouri (State or foreign country)
14. Maiden name (Mother): Sarah Bracom
15. Birthplace (Mother): unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Cecil Smith
(b) Address: Qulin, Mo. P.O. Box 197
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Qulin
18. (a) Signature of funeral director: Landers Funeral Home
(b) Address: Campbell, Mo.
19. (a) 10/10/47 (Date received local registrar) (b) R. M. Mundell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th year 1947 hour minute 11:30 p.m.
21. I hereby certify that I attended the deceased from Oct 6, 1947 to Oct 6, 1947 and that death occurred on the date and hour stated above. I last saw him alive on Oct 6, 1947

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 13 B

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? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature: H. J. Butler (M. D. or other) MD
Address: Campbell, Mo. Date signed 10/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1948

RECEIVED
District Health Office No. 2,
District File Number 1047-1328
Date Filed 10-13-47

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.