

S. No. 2
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5-17-30
P. 1747070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31764

State File No. _____

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
207 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Cherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Frances Matilda 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 Harlan J. Smith 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 26 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 10 hr. min.

9. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER, FATHER { 12. Name Frank Willard
13. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Clara Black
15. Birthplace Williamsport Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Harlan J. Smith
(b) Address 207 Cherry; Chillicothe, Mo.

17. (a) Burial (b) Date thereof 9-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica (Mo.) Cemetery

18. (c) Signature of funeral director Norman Funeral Home
Chillicothe, Missouri

19. (a) Sept 10/47 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1947 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 6 1947 to Sept 9 1947
that I last saw him alive on Sept 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to hypertension
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 0

23. Signature Dr. Callier (M. D. or other) _____
Address Chillicothe Mo Date signed 9/10/47

Duration 6.5 hrs
unknown
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION WITHIN LIMITS

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

**DISTRICT HEALTH OFFICE
Cameron, 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.....

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

Signed Elton J. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.