S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1947

Registration District No. 5352

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6115A

State File No. 33415

Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Crowder, Mo.
(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
In this community: 47 years
years, months or days)

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

3. (a) PRINT FULL NAME: Rachel Alice Smith
3. (b) If veteran, name war: None
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: Walter Smith
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September (Month) 8 (Day) 1869 (Year)

8. AGE: Years 77 | Months 11 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Dixon County (City, town, or county) Indiana (State or foreign country) /
10. Usual occupation: house wife
11. Industry or business .....
FATHER
12. Name: Wartman Cunningham
13. Birthplace: Indiana (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Sullivan
15. Birthplace: Indiana (City, town, or county) / (State or foreign country)
16. (a) Informant: Daughter
(b) Address: Crowder Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Pk
18. (a) Signature of funeral director: Lucille Taylor
(b) Address: Sikeston, Mo
19. (a) Sept-10-47 (Date received local registrar) (b) A. Bryant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 year 1947 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 8-26, 1947, to 8/24, 1947
that I last saw him alive on 8/24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Vascular Hypertension	?
Major findings: Of operations:	
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: J. A. Clime (M. D. or other)
Address: Oran Mo Date signed: 8/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 942-1274
Date Filed 9-29-42

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 James Scott

Licensed Embalmer No. 4350

P. O. Address East Grain

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.