No. 2
-1/47
1-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33674

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 275

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital (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: 14 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: 101 S. Glenwood Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: IRL SYLVAN SMITH
3. (b) If veteran, name war: None
3. (c) Social Security No.: ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Glenn Forrest Smith
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 5 (Month) 11 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	5	11	____ hr. ____ min.

9. Birthplace: Unionville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Photographer
11. Industry or business ____
FATHER 12. Name: W.H. Smith
13. Birthplace: Putnam County (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Margaret Ann Taylor
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. I.S. Smith
(b) Address: 101 S. Glenwood, Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 10-24-47 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1947 hour 9 minute 40 P.M.
21. I hereby certify that I attended the deceased from ____ 1943 to Oct 22 1947 that I last saw him alive on Oct 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1½ hrs
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: NA
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: E. S. Baskett (M. D. or other) M.D.
Address: Columbia Date signed 10/24/47

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

RECEIVED
District Health Officer No. 9,
District File Number NOV 2 1947
Date Filed

NOV 18 1947

NOV 18 1947

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 Thos L Garing

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.