

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 10 1947

Registration District No. 120

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4194

State File No.

34182

Registrar's No.

96

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Albany  
(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 years, months or days

8. (a) PRINT FULL NAME Eliza Smith

9. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 23 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 5 8 hr. min.

9. Birthplace Gentry Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Daniel Parks  
13. Birthplace Gentry Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lusher Cunningham  
(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 10/4/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Shepherd

(b) Address

19. Oct 30-1947 (Date received local registrar) Harold B. White (Registrar's signature) 103

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38  
(c) City or town Albany 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day 1  
year 1947 hour 10:30 minute 30P. M.

21. I hereby certify that I attended the deceased from 21 July 1947 to Oct 1 1947  
that I last saw him alive on Sept 29th 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Poisoning Chronic Interstitial Nephritis  
Due to Chronic Senile Dementia

Due to Chronic Senile Dementia

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) (2) Means of injury

23. Signature W. Campbell (M. D. or other)

Address Albany Mo Date signed Oct 4/47

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3329

P. O. Address Albany 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, above space should be left blank.