No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37058

Primary Registration District No. 3006

Registrar's No. 284

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: 1304 Bass Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4

(d) Street No. 1304 Bass Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SUE SMITH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gene I. Smith

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

7. Birth date of deceased 6 - 22 - 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	9	..... hr. ..... min.

9. Birthplace Weston (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Walter K. Stone
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Laura Gabbert
15. Birthplace Weston (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Gene I. Smith
(b) Address 1304 Bass Ave., Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Weston, Mo.

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 11-1-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1942 to Oct 31 1947
that I last saw her alive on Oct 30 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atophy of brain	5 yrs
Due to Encephalitis Lethargica	Oct 1938
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

SOP

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 A W Kamp Schmidt (M. D. or other)
Address Columbia, Mo Date signed 10-31-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Division Health Office
JUL 28 1948
Division File Number NOV 17 1947
Date Filed
OCT 17 1958

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.