S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40603

FILED DEC 5 1947

Registration District No. 394

Primary Registration District No. 6093

Registrar's No. 235

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 97
(c) City or town S.t. Joseph 0
(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) 0
If yes, name country

3. (a) PRINT FULL NAME Marjie Mae 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~~ XXXXXXX 0
6. (b) Name of husband or wife - - -
6. (c) Age of husband or wife if alive - - - - years
7. Birth date of deceased December (Month) 28 (Day) -- 1930 (Year)

8. AGE: Years 16 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Denver (City, town, or county) Colorado (State or foreign country)
10. Usual occupation Patient
11. Industry or business - - -
FATHER
12. Name Verm Thomas Smith
13. Birthplace - - - - (City, town, or county) Nebraska (State or foreign country)
MOTHER
14. Maiden name Orpha Mae Falk
15. Birthplace - - - - - (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Records of Mo State School
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo.
18. (a) Signature of funeral director Stamey
(b) Address St. Joseph, Mo.
19. (a) Nov. 26 1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 395

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1947 hour 8 minute 15 a. M.
21. I hereby certify that I ~~attended the deceased from~~ investigated the death Mar. 26 1947
that I last saw h— alive on —, 19..;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Accidental burns
3/4 body was burned
Due to hot water
Due to Falling into tub of hot water, while having a
Other conditions seizure
(Include pregnancy within 3 months of death)
Major findings:
Of operations 10
Of autopsy no 10 5

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) accidental
(b) Date of occurrence Nov. 25, 1947 97
(c) Where did injury occur? Mo. State School, Mo. (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
23. Signature C. L. Lawless Coroner Saline (M. D. or other) 3
Address Mars Hall Mo. Date signed 11-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-4-47

JAN 9 1948

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 Marvin V. Newton Registered Apprentice No. 51, working under my personal supervision.

Signed J. Leslie Sunsmey
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.