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 DEC 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40894 Ramp

Registration District No. 38 | Primary Registration District No. 5120 | Registrar's No. 318

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 Infirmary - Route 6
(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: 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Route 6 - Boone County Infirmary 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM GREEN SMITH
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 1 (Month) - 10 (Day) - 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	3	..... hr. ..... min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Retired
11. Industry or business
FATHER
12. Name: L. D. Smith 0
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucinda Grinstaff 0
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Amanda Sapp
(b) Address: Ashland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Goshen Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 12-17-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 13 year: 1947 hour: 5 minute: 30 P. M.
21. I hereby certify that I attended the deceased from Dec 2 1947 to Dec 13 1947 that I last saw him alive on Dec 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
from Alimentary	
tract + Carcinoma of	10 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: No Operation
Of autopsy: None

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: W. Kaufschmidt (M. D. or other)
Address: Columbia Mo Date signed: 12-16-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12/29/47

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Chas L Daring

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.