S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41427

FILED JAN 8 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1143

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1256 Cherry St.,
(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: 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1256 Cherry St., 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Elizabeth Smith
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Layton Smith
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: Oct. 28, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	2	3	hr. min.

9. Birthplace: Mansfield (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: At Home
FATHER
12. Name: Unknown
13. Birthplace: Canada 2 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Brown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: CurtisMollenkoff
(b) Address: Springfield Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-31-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Van Wert Ohio.
18. (a) Signature of funeral director: Jurklingner & Co.
(b) Address: Springfield Mo.
19. (a) 12-31-47 (Date received local registrar) (b) M E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31, year 1947 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 27, 1947, to Dec. 31, 1947; that I last saw her alive on Dec 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	3 days
Due to: Arteriosclerotic Vascular Disease	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Uremia, moderate	2 yrs?

Major findings:
Of operations:
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

23. Signature: [illegible] (M. D. or other)
Address: 205 St Louis St. Date signed: Dec 31 1947

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.