S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42356

FILED JAN 5 1948

Registration District No. 269 — Primary Registration District No. 3043 — Registrar's No. 420

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
Residence 319 Levering
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 319 NO. Levering 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Josephine Smiley
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 19, 1855 (Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Troy Missouri (City, town, or county) (State or foreign country)
10. Usual occupation XX
11. Industry or business XX
FATHER
12. Name David B. Smiley
13. Birthplace Lincoln County Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mildred Welch
15. Birthplace Haymarket Virginia (City, town, or county) (State or foreign country)
16. (a) Informant George W. Smiley
(b) Address 319 NO Levering Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Mo Mill Creek Cemetery
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Mo
19. (a) 12-23-47 (Date received local registrar) (b) D E M Lucke (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1947 hour 5 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec. 1, 1947, to Dec. 22, 1947
that I last saw her alive on Dec 22, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	92 Days
Due to: Acute Coronary Thrombosis	22 Days
Due to: Senility	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 H B Norton (M. D. or other)
Address Hannibal Mo Date signed 12/23/47

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 Lyman D. Steele, Registered Apprentice No. 460, working under my personal supervision.

Signed N. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.