. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948
Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42601
Primary Registration District No. 3052
Registrar's No. 448

1. PLACE OF DEATH:
(a) County Pettis Missouri
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1205 South Marvin 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Linda Sue Ann 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 Infant
6. (b) Name of husband or wife **********
6. (c) Age of husband or wife if alive **** years
7. Birth date of deceased December 28, 1947 (Month) (Day) (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 5 hr. min.
9. Birthplace Sedalia, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation ********
11. Industry or business ********
FATHER
12. Name Lloyd L. Smith
13. Birthplace La Harp, Kansas 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruth Busick
15. Birthplace Stover, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Lloyd L. Smith
(b) Address 1205 South Marvin, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri
19. (a) 12-29-47 (Date received local registrar) (b) Betty Yeager 251 (Registrar's signature) Deputy

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 28
year 1947 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from 12-28, 1947 to , 19
that I last saw her alive on 12-28, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pulmonary atelectasis	
Due to developmental malformation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 158	
Of autopsy	

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 22
23. Signature J. W. Wagnders (M. D. or other) DO
Address 51½ S. Engineer Sedalia, Mo. Date signed 12/29/47

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-12-48

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 Warren K. Dietze Registered Apprentice No. 70 working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.