No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 561

Registration District No. 73 Primary Registration District No. 2291 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years 5 (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. I.O.O.F. Home R.# 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY MARGARET 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 widowed
6. (b) Name of husband or wife Jam H. Smith
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov. (Month) 6 (Day) 1860 (Year)

8. AGE: Years 87 Months 2 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Ray Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James H. Froman
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Mary Sullinger
15. Birthplace (City, town, or county) N.C. (State or foreign country)
16. (a) Informant Geo. Harvey Smith
(b) Address 133 N. Denver Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Gilead Ave Kearny Mo.
18. (a) Signature of funeral director Clint - Archer Co
(b) Address Liberty Mo
19. (a) Jany 23. 1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1948 hour 11 minute 05 P M.

21. I hereby certify that I attended the deceased from March 18, 1947, to Jan. 22, 1948;
that I last saw her alive on Jan. 22, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to Generalized senile vascular changes	15 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature S. O. Schroeder (M. D. or other) M.D.
Address Liberty, Mo. Date signed 1/23/48

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 2-14-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty 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.