No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 859

FILED JAN 24 1948

Registration District No. 126

Primary Registration District No. 5462

Registrar's No.

39
0
0

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

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 R. F. D. # 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 10
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary 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 Married
6. (b) Name of husband or wife Oscar Smith
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November (Month) 9, (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	2	7	hr. min.

9. Birthplace Christian Co., (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
FATHER
12. Name Sam Weatherman,
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Smith,
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Cleo McGinnis,
(b) Address R # 10, Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 1-19-1948 (Date received local registrar) (b) Mrs. Peter O'Dell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1948 hour 11 minute 00 P. M.
21. I hereby certify that I attended the deceased from ....., 1944, to Jan 10, 1948
that I last saw her alive on Jan 4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

48B

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 [signature] (M. D. or other) MD
Address Springfield Mo. Date signed 1-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 48-1-5
Date Filed 1-24-48

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 Ogle Slone Jr.

Licensed Embalmer No. 4126

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.