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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3856

Registration District No. 2 Primary Registration District No. 5017 Registrar's No. 227

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town near Savannah (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nodaway Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town near Savannah 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Smith
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 4 (Day) 1860 (Year)

8. AGE: Years 88 Months 1 Days 11 If less than one day hr. min.
9. Birthplace McLane Co (City, town, or county) Ill (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Syman Meyers
13. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Julia Ovemoyr
15. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs Roy Smith
(b) Address Savannah mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah mo
19. (a) 2-17-48 (Date received local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from May 30, 1946 to Feb. 15, 1948, that I last saw her alive on Feb. 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

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 0
23. Signature Lowell Moore (M. D. or other) MD
Address Savannah Mo Date signed 2/16/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.