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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

10683

State File No.

FILED MAR 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2430

**1. PLACE OF DEATH:**

(a) County

(b) City or town Stheris (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 wks. (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Pike 999

(c) City or town Pearl 11 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 0 (If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Daisy Franklin Smith

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 Married

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct (Month) 21 (Day) 1898 (Year)

8. AGE: Years 49 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Pearl (City, town, or county) Ill (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jefferson Booth.
13. Birthplace Pike Co (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Nova Patrick
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant James Smith
(b) Address Pearl Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Nebo Ill

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.

19. (a) MAR 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mch day 6 year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Aug 30, 1947, to Mar 6, 1948; that I last saw her alive on Mar 6, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of liver | 8 mos? |
| Due to Abdominal Carcinomatosis | 8 mos? |
| Due to Carcinoma of ovary | 2 yrs? |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations No operation (Diag. by paracentesis)
Of autopsy No autopsy

PHYSICIAN — Underline the cause to 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 Roland Stieffer (M. D. or other)
Address 4500 Ave Date signed 3/8/48

(Licensed Embalmer's Statement on Reverse Side)

2430

## 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 Van M Sykmor

Licensed Embalmer No. 4343

P. O. Address St. Louis 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.**