No. 300
10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11526

Registration District No. 38 | Primary Registration District No. 5120 | Registrar's No. 109

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Boone County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Months (Specify whether years, months or days)

In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: JANE TERRELL 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: Warren L. Smith

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

7. Birth date of deceased: 3 (Month) - 5 (Day) - 1860 (Year)

8. AGE: Years 88 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: J.W. Maddex
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Loisa (unknown)
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Elmer Crosswhite
(b) Address: 215 Sexton Rd., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Grandview Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 4-10-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 20, 1948 to April 8, 1948, that I last saw him alive on April 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Jaundice to obstruction of cystic duct

Due to:

Due to:

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No op

Of autopsy: No autopsy

Duration: 20 days

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: 0

23. Signature: A W Kampschmidt (M. D. or other)

Address: Columbia, Mo. Date signed: 8-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Marion Health Officer No. 9,
Statistics File Number
Date Filed APR 1 9 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ .....

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

working under my personal supervision.

Signed Chas L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.