S. No. 2
1—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1948

Registration District No. 26

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11990

Primary Registration District No. 4158

Registrar's No. 33

1. PLACE OF DEATH:
(a) County: Dallas
(b) City or town: Buffalo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 65 yrs.

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

3. (a) PRINT FULL NAME: Cora Effie Smithpeter
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: Chas. Smithpeter
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Sept. (Month) 20 (Day) 1876 (Year)
8. AGE: Years 71 Months 7 Days 2 If less than one day hr. min.
9. Birthplace: March (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: John Davison
13. Birthplace: Dallas Co. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name: Sarah Hardison
15. Birthplace: Dallas Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Chas. Smithpeter
(b) Address: Buffalo, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Lawn - Buffalo
18. (a) Signature of funeral director: L.B. Jones
(b) Address: Buffalo, Mo.
19. (a) 5/1/48 (Date received local registrar) (b) Mrs L.B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1948 to April 22 1948 and that death occurred on the date and hour stated above.
that I last saw her alive on April 22 1948
Immediate cause of death: Carcinoma Uteri — Duration 3 yrs
Due to: Degenerative Polyp
Due to:
Other conditions (Include pregnancy within 3 months of death): Hypertensive heart dis — 5 yrs
Major findings:
Of operations: Carcinoma
Of autopsy: None

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: B.E. Plummer (M. D. or other) MD
Address: Buffalo Mo Date signed 4-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-48-462
Date Filed 5-3-48

MAY 12 1948

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 Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.