S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 113150

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 321

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. 201 S Behring 1
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Laura Ann Smith

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Fem 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Henry Smith 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept (Month) 24 (Day) 1862 (Year)

8. AGE: Years 85 Months 6 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Menfro (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Burns
13. Birthplace Cape co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Catherine Schultz
15. Birthplace Perry co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs John Griffith
(b) Address Herculaneum Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal City Mo

18. (a) Signature of funeral director "Finks"
(b) Address Festus Mo

19. (a) April 19 1948 (Date received local registrar) (b) Cleora Belleville (Registrar's signature) 1/7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of Coroners Jury

Due to Natural Causes, Old Age

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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? Died at (e) Means of injury Home 3

23. Signature T. B. Edwards (M. D. or other) Coroner
Address Cedar Hill Mo Date signed 4/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] Office No. 9,
District File [illegible]
Date Filed APR 28 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 Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Festus 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.