S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15817

FILED MAY 25 1948

Registration District No. 8 Primary Registration District No. 3017 Registrar's No. 66

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)
In this community 4 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWARD
(c) City or town FAYETTE (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. I
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT LEE SMITH
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARTHA SMITH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE 5 - 1872 (Month) (Day) (Year)
8. AGE: Years 75 Months 11 Days 8 If less than one day hr. min.
9. Birthplace ASHLAND (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
MOTHER FATHER
12. Name JOHN E. SMITH
13. Birthplace ASHLAND (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name FANNIE NICHOLS
15. Birthplace ASHLAND (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS BILL DODSON
(b) Address BOONVILLE - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation ASHLAND - MO.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 5-14-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13th year 1948 hour 2:30 minute p. M.
21. I hereby certify that I attended the deceased from May 8 1948, to May 13 1948, that I last saw him alive on May 13 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Atelectasis of L. lung	4 months
Due to Carcinoma of Mediastinum	
Due to X ray's show extension	
Other conditions C.a. of both lungs (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy None.

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
23. Signature [illegible] (M. D. or other)
Address Boonville Mo. Date signed 5.14.48

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

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 5-24-48

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 Fred W. Kassro, Registered Apprentice No. 476, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.