

No. 300
-10-47
5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25826**

FILED SEP 1 1948

Registration District No. **82**

Primary Registration District No. **5308**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution:
HIGHWAY 40 - 15 MILES WEST OF BOONVILLE
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **ILLINOIS** (b) County **COOK**

(c) City or town **CHICAGO**
(If outside city or town limits, write "RURAL")

(d) Street No. **747 OAKWOOD BLVD.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **MARGARET COWAN SMITH**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **19th**
year **1948** hour **10:30** minute **0** a. M.

4. Sex **Female**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **August 19 - 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **NEVER SEEN ALIVE** 19____ to 19____

that I last saw h_____ alive on _____, 19____

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
66	0	0	hr. _____ min. _____

Immediate cause of death **Crushed skull**
Complete eviseration
Compound fractures of both
Due to **limbs and both arms.**

Due to **Automobile accident**

9. Birthplace **DANVILLE** **KENTUCKY**
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**

11. Industry or business **PRIVATE EMPLOYMENT**

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

Major findings:
Of operations _____

MOTHER FATHER

12. Name **WILLIAM SMITH**

13. Birthplace **BOYLE COUNTY** **KENTUCKY**
(State or foreign country)

14. Maiden name **EMMA MAYFIELD**

15. Birthplace **BOYLE COUNTY** **KENTUCKY**
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **CHRIS COWAN**

(b) Address **CHICAGO - ILL.**

17. (a) **Removal** (b) Date thereof **Aug. 21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Danville-Kentucky**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE - MO.**

19. (a) **8-21-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Auto accident**

(b) Date of occurrence **Aug. 19-1948**

(c) Where did injury occur? **Highway 40 Cooper MO**
(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 _____ (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **Boonville Mo** Date signed **8/20/48**

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

7
0
0

999
11
0
2

1706-8
102

Call. with...

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-31-48

1948
OCT 7
127
150

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed James W. Segner

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.