

FILED OCT 8 1948
 Registration District No. **2**

Primary Registration District No. **3057**

Registrar's No. **78**

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

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
201 Gabey Street 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 years.
(Specify whether years, months or days)

3: (a) PRINT FULL NAME MARY LIZA Smith

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife W. O. Smith 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased Sept. 1 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Christian County MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Russell Hill
 13. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Annie Dunbar
 15. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Hill
 (b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Sept 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Thomas J. Carter
 (b) Address Richmond, Mo.

19. (a) Oct 2-1948 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
 (c) City or town Richmond
(If outside city or town limits, write "RURAL")
 (d) Street No. 201 Gabey St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
 year 1948 hour 1 minute 0 P.M.

21. I hereby certify that I attended the deceased from August 24 1948 to Sept 28 1948
 that I last saw her alive on Sept 23 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus with multiple metastases
 Duration 2 yrs.

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations USP
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. R. Johnson (M. D. or other) MD
 Address Richmond, Mo. Date signed 9/29/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-2-48

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.