FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

Registration District No. 578

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6686

State File No. 31857

Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Rural -- Wood Township
(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 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Francis E. Smith
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie Smith
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased November (Month) 2nd (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	9	14	..... hr. ..... min.

9. Birthplace Audubon (City, town, or county) Iowa (State or foreign country) /
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name Fredereck Smith
13. Birthplace New York State (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Amy Yokey
15. Birthplace New York (City, town, or county) (State or foreign country) /

16. (a) Informant Mrs Marie Smith
(b) Address Mountain Grove, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery
18. (a) Signature of funeral director George Stapp
(b) Address Mountain Grove, Missouri
19. (a) 9-25-48 (Date received local registrar) (b) A. C. Ames (Registrar's signature) 348

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th year 1948 hour 8 minute A. 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.

	Duration
Immediate cause of death Coronary occlusion	
Due to Died suddenly without medical aid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
Of autopsy .....

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

23. Signature George Stapp (Tower) (M. D. or other)
Address Mtn Grove, Mo Date signed 8/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 948-1113
Date Filed SEP 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 [illegible]

Licensed Embalmer No. 3161

P. O. Address [illegible], Neb

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.