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 OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35372

Registration District No. 356 Primary Registration District No. 6202 Registrar's No. 12

1. PLACE OF DEATH:
(a) County TEXAS
(b) City or town RURAL CARROLL
(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 TEXAS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MI. E. EUNICE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ETHEL EVA SMITH
3. (b) If veteran, name war /
3. (c) Social Security No. /
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FERRELL SMITH
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased JUNE (Month) 13 (Day) 1916 (Year)

8. AGE: Years 32 Months 3 Days 14 If less than one day hr. min.

9. Birthplace BIRCHTREE (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name ROBERT GREEN
13. Birthplace EUNICE (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name VIOLET CROSS
15. Birthplace SUMMERSVILLE (City, town, or county) MO (State or foreign country)
16. (a) Informant FERRELL SMITH
(b) Address EUNICE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation ANTIOCH
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address HOUSTON, MO
19. (a) Oct 10—1948 (Date received local registrar) (b) Mrs C E Murfin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 27 year 1948 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 10, 1948 to Sept 20, 1948 that I last saw her alive on SEPT 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sarcoma of Pelvis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Dr Lavere Hampton (M.D. or other) DO
Address Summersville Date signed Oct 1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-19-48
District Health Officer No. 5
District File Number 104866
Date Filed 10-20-48

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.