No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37008

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 327

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether
In this community Thirty Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1513 West Walnut Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARA ABEGAILE SMITH
3. (b) If veteran, name war ----------
3. (c) Social Security No. ----------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elbert A. Smith
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January (Month) 12 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	9	18	hr. min.

9. Birthplace Hopkins, (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name A.C. Cochran
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Mabel Church
15. Birthplace (City, town, or county) Michigan (State or foreign country)
16. (a) Informant Mr. Elbert A. Smith
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 11-2-48 (Date received local registrar) (b) [signature] (Registrar's signature) 2547

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th, year 1948 hour 12 minute 27 A. M.

21. I hereby certify that I attended the deceased from Oct. 22, 1948, to Oct. 30, 1948; that I last saw her alive on Oct. 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative (Arteriosclerotic) Heart Disease
Due to Coronary Arteriosclerosis
Due to 93B
Other conditions Cholelithiasis
(Include pregnancy within 3 months of death)
Cholecystitis (Chr)
Major findings:
Of operations
Pulmonary Emphysema
Of autopsy

Duration

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 0

23. Signature Chas. H. Graoske (M.D. or other)
Address Independence Date signed 11/1/48
Mo

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

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 Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.