

No. 2  
-1/47  
5-17-39

National Office of Vital Statistics

FILED NOV 26 1948

Primary Registration District No. **3043**

Registrar's No. **355**

1. PLACE OF DEATH:

(a) County **MARION**  
(b) City or town **HANNIBAL**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **ST. ELIZABETH HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 DAYS**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**  
(c) City or town **PARIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **E. MARION**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **JODIE EDWARDS SMITH**

3. (b) If veteran, name war  3. (c) Social Security No. **491-28-7670**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **JESSE SMITH** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased: **APRIL 8, 1881**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **7** Days **7** If less than one day hr. min.

9. Birthplace: **MONROE CO., MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **COOK**

11. Industry or business **CAFE**

12. Name **JOSEPH TAYLOR EDWARDS**

13. Birthplace **PARIS, KY**  
(City, town, or county) (State or foreign country)

14. Maiden name **EMMA SUE CHAPMAN**

15. Birthplace **MONROE CO., MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS BELLE HAGNES**

(b) Address **RFD. PARIS, MO.**

17. (a) **BURIAL** (b) Date thereof: **11-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE PARIS**

18. (a) Signature of funeral director **Speed & Blakely**  
(b) Address **PARIS, MO.**

19. (a) **11-18-48** (b) **D. E. M. Ducke**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **15** year **1948** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **November 9**, 1948, to **NOVEMBER 15**, 1948, that I last saw her alive on **NOVEMBER 15**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Ca of Sigmoid**

Due to

Due to

Other condition **Transfusion Reaction**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place) Means of injury

23. Signature **[Signature]** (M. D.)

Address **HANNIBAL, MO.** Date signed

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

MOTHER FATHER

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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.....

*A. Blakely*

Licensed Embalmer No. 2614

P. O. Address Paris, 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.