S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 37705

Registrar's No. 298

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

88
6
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1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital
(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 Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 822 N. Ault
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

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3. (a) PRINT FULL NAME Mrs. Effie May Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F. /

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Ross W Ross Smith

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. (Month) 21st (Day) 1880 (Year)

8. AGE: Years 68 Months 9 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name Joseph C. Brashear
13. Birthplace ..... (City, town, or county) No data (State or foreign country)

MOTHER
14. Maiden name Agnes Neal
15. Birthplace ..... (City, town, or county) No data (State or foreign country)

16. (a) Informant W. R Smith
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan & Son
(b) Address Moberly Mo

19. (a) Nov 26-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 21.4

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 24 year 1948 hour 5 minute 35 a.m.

21. I hereby certify that I attended the deceased from 1947 ....., 19..., to Nov 24, 1948; that I last saw her alive on 24 Nov, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sarcoma ~~Carcinoma~~ of the	
Due to: Rt Maxillary Sinus	
Due to: with Metastasis to the	
Other conditions (Include pregnancy within 3 months of death): Abdomen	1 yr
Major findings: Of operations: 55P	
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 0

23. Signature Will Blenny (M. D. or other)

Address Moberly Mo Date signed 26 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1948

RECEIVED
District Health Officer No. 10
District File Number 11-48-2017
Date Filed NOV 29 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 Frank O D Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.