Form No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41076

Registration District No. 277 — Primary Registration District No. 4411 — Registrar's No. 62

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Bowling Green (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B.B. Springs Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: Bowling Green (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: Dollie Bell Smith
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: Feb (Month) 14 (Day) 1874 (Year)
8. AGE: Years 74 Months 9 Days 19 If less than one day ..... hr. ..... min.
9. Birthplace: Lee (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: Mr Springer
13. Birthplace: Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah E Agee
15. Birthplace: Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant: Frank H Smith
(b) Address: Wellston Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bowling Green Mo
18. (a) Signature of funeral director: Grady Benshaw
(b) Address: Bowling Green Mo.
19. (a) 12-8-48 (Date received local registrar) (b) B Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 1948 hour 1 minute 9 A.M.
21. I hereby certify that I attended the deceased from Nov 20 1948, to 12-3 1948, that I last saw h. alive on 12-1 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	10 day
Due to: Myocardial Throm	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? ..... (Specify type of place)
While at work? ..... Means of injury .....
23. Signature: J M Mathews MD (M. D. or other)
Address: Bowling Green Mo Date signed 12-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12 48-2148
Date Filed DEC 1 6 1948

DEC 1 6 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 Harold C. Kline

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.