

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H. O. E. Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME James Robert Smith Jr 530
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race Colored (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 9 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____
12. Name James Richardson Smith
13. Birthplace Marshall Mo. (City, town, or county) (State or foreign country)
14. Maiden name Annie Nevada Payne
15. Birthplace Hardman Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James Richardson Smith
(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof July 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation First Creek Cem.

18. (a) Signature of funeral director H. H. Heger
(b) Address Marshall Mo.

19. (a) 7-17-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall (If outside city or town limits write "RURAL")
(d) Street No. H. O. E. Jackson (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1940 hour 6 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 16 1940 to July 16 1940;
that I last saw him alive on July 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the heart
Duration Sudden

Due to _____
Due to _____

Other conditions Acute Ileo-Colitis
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Madison (M. D. or other) _____
Address Marshall Mo. Date signed 7-17-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-40

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 *Felix Benz*

Licensed Embalmer No. *H127*

P. O. Address *Marshall, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.