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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7514

Registration District No. 324
Primary Registration District No. 3072
Registrar's No. 32

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

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 407 East Jackson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — In this community Lifetime (Specify whether years, months or days)

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. 407 E Jackson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James Smith
3. (b) If veteran, name war —
3. (c) Social Security No. 494-20-9563
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia Smith
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan 13 1871 (Month) (Day) (Year)
8. AGE: Years 75 Months — Days 27 If less than one day ... hr. ... min.
9. Birthplace Saline Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Janitor
11. Industry or business Janitoring

FATHER
12. Name William Smith
13. Birthplace Saline Co Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Davis
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Georgia Smith
(b) Address 407 E Jackson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Finney Creek
18. (a) Signature of funeral director Gant & Sons
(b) Address Marshall Mo
19. (a) 2/13/47 (Date received local registrar) (b) Sidney T Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 47 year 11 hour 45 minute P. M.
21. I hereby certify that I attended the deceased from Feb 7th, 1947, to Feb 10, 1947, that I last saw him alive on Feb 10th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy.	3 Days.
Due to Ruptured blood vessel	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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
23. Signature W. H. Madison (M. D. or other)
Address Marshall, Mo. Date signed 2-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 3,
District File Number
Date Filed 2-22-47

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 George H. Green, R.E.

Licensed Embalmer No. 4220.

P. O. Address Marshall, 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.