

REC'D AUG 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26211
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029 Registered No. 205
(c) City Hannibal (d) Street No. Levering Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Lucas Smith

(a) Residence, No. New London Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanch Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1869

7. AGE YEARS 69 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ralls County
(STATE OR COUNTRY) Missouri

13. NAME David H. Smith

14. BIRTHPLACE (CITY OR TOWN) Ralls County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Agusta Lucas

16. BIRTHPLACE (CITY OR TOWN) Ralls County
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Smith
New London Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley DATE 7/10/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home
(ADDRESS) 902 Broadway Hannibal Mo

20. FILED July 10 1939 W. C. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8/39 19

22. I HEREBY CERTIFY that I attended deceased from Apr 1939 to July 8 1939
First saw him alive on July 8 1939 Death is said

to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver
primary in G.B.
4/6

Other contributory causes of importance:

Ch. myocarditis

Name of operation ap. flowton Date of Christy
What test confirmed diagnosis Christy there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 7/10/39
Where did injury occur? [Signature] (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury [Signature]
Nature of injury [Signature]

24. Was disease or injury in any way related to occupation of deceased?
If so, specify [Signature] M. D.
(Signed) [Signature]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be stated EXACTLY. PHYSICIANS should state AGE should be stated EXACTLY. Every item of information should be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Dr. Reichman

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.....

J.J. Marsh L.E. 3932

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Crawford Smith

Licensed Embalmer No.....**3814**.....

P. O. Address**Hannibal 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, above space should be left blank.