

Registration District No. 547Primary Registration District No. 3029Registrar's No. 037

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
 (c) Name of hospital or institution: Leveaux Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one day
 (Specify whether years, months or days) twelve years

3. (a) PRINT FULL NAME Levena Panama Smashey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female race White 5. Color or race _____
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Littleton Smashey 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 11 1960
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 15 hr. _____ min.9. Birthplace Ralls County Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation At Home 0

11. Industry or business _____

12. Name John Hayes 013. Birthplace Baltimore Maryland
 (City, town, or county) (State or foreign country)14. Maiden name Mary Oresson15. Birthplace Ralls County Missouri
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature John Smashey(b) Address Hannibal Missouri17. (a) Removal (b) Date thereof Jan. 28 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation public crip18. (a) Signature of funeral director Roy P. Schwartz(b) Address Hannibal Mo.19. (a) 1-31-40 (b) H. C. Eshen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 714 Union
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
 year 1940 hour 2:30 minute 00 A. M.21. I hereby certify that I attended the deceased from January 26
 _____, 1940 to January 26 1940;
 that I last saw her alive on January 26 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral HemorrhageDue to HypertensionDue to 82.6Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____Of autopsy None performed

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 B. J. Murphy (M. D. or other) MIAddress Hannibal Date signed 1-31-40

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.....

Roy P. Schwartz, Registered Apprentice No.
working under my personal supervision.

Signed *Roy P. Schwartz*
Licensed Embalmer No. *1765-D*
P. O. Address *Hannibal, 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, above space should be left blank.