

Registration District No. Area 707-177 (940)

Primary Registration District No. 3038

Registrar's No. 102

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: 257 S Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall Mo
(If outside city or town limit, write "RURAL")

(d) Street No. 257 S Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William Adron Smiley

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1940 hour 10 minute 30 P.M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie G Smiley

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 24 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to June 23 1940
that I last saw him alive on June 23 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years 64 Months 11 Days 30
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business Rooming house

12. Name Harrison Smiley

13. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jenkins

15. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie G Smiley

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof June 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director H. H. Hildebrand

(b) Address Marshall Mo

19. (a) 6-24-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? 712
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. C. J. _____ (M. D. or other) DO
Address Marshall Mo Date signed 6/24/40

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

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-40

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 Remy

Licensed Embalmer No. H127

P. O. Address

Marshall, M

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.