

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 110

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

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.

3. (a) PRINT FULL NAME James Robert Smith Jr 530

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

MEDICAL CERTIFICATION

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow

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)

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

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

Immediate cause of death Acute dilatation of the heart Duration Sudden

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

Due to _____
Due to _____

10. Usual occupation _____

Other conditions Acute ileo-colitis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 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)

PHYSICIAN _____

Major findings:
Of operations none
Of autopsy none

Underline the cause to which death should be charged statistically.

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

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? _____

17. (a) Burial (b) Date thereof July 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Creek Cem.

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

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

(b) Address Marshall Mo.

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

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

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

7

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.