

DEC 17 1940 547  
Registration District No.

Primary Registration District No. 3029

Registrar's No. 329

1. PLACE OF DEATH: Marion  
(a) County: Hannibal,  
(b) City or town: Hannibal,  
(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 weeks  
In this community: 1 years, months or days

3. (a) PRINT FULL NAME: William Sumner Smith

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

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed.

6. (b) Name of husband or wife: Belle Smith 6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: Aug. 28 1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 26 If less than one day .hr. .min.

9. Birthplace: Michigan (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Baptist Minister

11. Industry or business:

12. Name: Aura Smith

13. Birthplace: New York State (City, town, or county) (State or foreign country)

14. Maiden name: Mary Olney Smith (City, town, or county) (State or foreign country)

15. Birthplace: New York State (City, town, or county) (State or foreign country)

16. (a) Informant: J. Fisher

(b) Address: 109 N. Maple Ave, Hannibal, Mo.

17. (a) Burial (b) Date thereof: Nov. 26, 1940 (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation: Snelbina Cemetery

18. (a) Signature of funeral director: Crawford Smith

(b) Address: 902 Broadway Hannibal, Mo.

19. (a) Nov. 25 1940 (b) J. Fisher (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Marion  
(c) City or town: Hannibal, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 109 N. Maple Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 24 year: 1940 hour: 6 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Nov 10, 1940, to Nov 24, 1940; that I last saw him alive on Nov 24, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
Due to: Chronic Latent Nephritis

Due to:  
Other conditions: 1st

Major findings: Of operations:  
Of autopsy: None made

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: J. S. Murphy (M.D. or other) Address: Hannibal, Mo. Date signed: 11-25-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Crawford Smith*

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

P. O. Address 902 Broadway, Hannibal,

**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, fact should be so stated above.**