

0-2
4-41
7-39
X26390

State File No. _____

Registration District No. 618

Primary Registration District No. 4367 5820

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Burlington Jct.

(c) Name of hospital or institution: 2 3/4 mi. S. East.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs.
(Specify whether years, months or days)

In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Nodaway 74

(b) City or town Burlington Jct. (Rural.)
(If outside city or town limits, write "RURAL.")

(c) Street No. 2 3/4 mi. S. East.
(If rural, give location)

(d) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE THOMAS SMITH.

(b) If veteran, name war no.

(c) Social Security No. none.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1941 hour 3 minute 50 p.m.

4. Sex M. Color or race W.

5. (a) Single, widowed, married, divorced married.

(b) Name of husband or wife Mrs. Anna Smith

(c) Age of husband or wife if alive 62 years

7. Birth date of deceased Apr. 26, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 23, 1941 to July 25, 1941;
that I last saw him alive on July 25 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis several years

Duration _____

8. AGE: Years 72 Months 2 Days 30
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Wayne Co. 1 Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

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? _____

(Specify type of place) _____

(e) Means of injury _____

MOTHER FATHER

11. Industry or business _____

12. Name John Smith.

13. Birthplace England.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Kaye.

15. Birthplace England.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Smith.

(b) Address Burlington Jct. Mo.

17. (a) Burial. (b) Date thereof July 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery St. Joseph Mo.

23. Signature L. E. Wallace D.D. (M.D. or other)
Address Burlington Jct. Mo. Date signed July 26, 1941

18. (a) Signature of funeral director Price Funeral Home

(b) Address Marionville Mo.

19. (a) July 26, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

