

FILED MAY 3 1943
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson Co.
(b) City or town Jackson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2707 Olive St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson City
(If outside city or town limits, write "RURAL")
(d) Street No. 2707 Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1943 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar. 27/43
19____ to Apr. 8/43 19____;
that I last saw her alive on Apr. 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiac Failure and Myocardial Deкомпensation 13 da.

Due to _____
Due to 93 E
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME GEORGIA HILL SMITHER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband R.C. Smither 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased: September 16 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 822 hr. _____ min. _____
If less than one day

9. Birthplace Clinton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Thomas R. Hill
13. Birthplace Henry County Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Wesley Sparks
15. Birthplace Daviess County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert W. Hill

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof 4/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg, Mo.

18. (a) Signature of funeral director George Hill Funeral Home
(b) Address Liberty, Missouri

19. (a) 4-9-43 (b) M. M. Orum
(Date received local registrar) (Registrar's signature)

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 E. H. Bird (M.D. or other) D.O.
Address 2645 Wabash Date signed 4/9/43

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AUG 10 1945

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.....

W. W. King....., Registered Apprentice No. *879*
working under my personal supervision.

Signed.....

W. W. King
.....
Licensed Embalmer No. *879*

P. O. Address *Liberty 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, fact should be so stated above.