

X28484
JUL 24 1943

Registration District No. **240** Primary Registration District No. **4358** Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **New Madrid**

(b) City or town **Lilbourn Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days) **5 months**

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**

(c) City or town **Lilbourn**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARCIA - SMITH**

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

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 13th 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 26 hr. min.

9. Birthplace **Lilbourn Mo.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation _____

11. Industry or business _____

12. Name **V. O. Smith** 1

13. Birthplace **Bloomington Spurge Tenn.** (City, town, or county) (State or foreign country)

14. Maiden name **Ray**

15. Birthplace **Brilliant Ala.** (City, town, or county) (State or foreign country) 1

16. (a) Informant **V. O. Smith**

(b) Address **Lilbourn Mo**

17. (a) **Burial** (b) Date thereof **June 10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monastery**

18. (a) Signature of funeral director **Waltham Fun. Service**

(b) Address **Parsons Mo**

19. (a) **7-7-43** (b) **mm. J. R. Parrett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1943** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **June 2**
1943, to **June 8**, **1943**,
that I last saw her alive on **June 8**, **1943**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Atherosclerosis** Duration **8 days**

Due to _____
Due to **11901**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **None**
Of autopsy **None**

PHYSICIAN
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **W. Hadley** (M.-D. or other) **P.O.**
Address **Lilbourn, Mo** Date signed **6/10/43**

RECEIVED

District Health Office No. 2,

District File Number 743-892

Date Filed 7-19-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.