

ED NOV 12 1943

Registration District No. **267**

Primary Registration District No. **3048**

Registrar's No. **163**

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Marionville**  
(c) Name of hospital or institution **St. Francis Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7**  
In this community **About 3 yrs.**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Marionville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **"Rural" 4 west 2 South**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Walker Smith**

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

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

6. (b) Name of husband or wife **Miss Pearl M. Smith** Age of husband or wife if alive **59** years

7. Birth date of deceased **Dec 9 1867**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Jacksonville Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Store & Mail Manager**

11. Industry or business **Farmer**

12. Name **John Smith**  
13. Birthplace **UNKNOWN UNKNOWN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Philomena Jenk**  
15. Birthplace **UNKNOWN UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl Smith**

(b) Address **Marionville Mo.**

17. (a) **Burial** (b) Date thereof **10-24-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lenox Iowa**

18. (a) Signature of funeral director **Campbell Funeral Home**

(b) Address **95 1/2 South Main Marionville Mo**

19. (a) **10-23-43** (b) **Aud Barber**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22<sup>nd</sup>**  
year **1943** hour **7 A.** minute **A. M.**

21. I hereby certify that I attended the deceased from **Oct 14<sup>th</sup> 1943** to **Oct 22<sup>nd</sup> 1943**  
that I last saw him alive on **Oct 21<sup>st</sup> 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
Due to **Arteriosclerosis**

Other conditions **Lobar Pneumonia**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **106**  
Of autopsy \_\_\_\_\_

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 **L. D. Dean** (M.D. or other) **MD**  
Address **Marionville Mo** Date signed **10/25/43**

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

MOTHER FATHER

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**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.....  
*William Campbell*

Licensed Embalmer No. *2620*

P. O. Address. *Manville 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.**