

Registration District No. **208**

Primary Registration District No. **5760**

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Rural, Fabius Township**
(c) Name of hospital or institution **Fabius Township**
(d) Length of stay: **28 years**
In this community **28 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion**
(c) City or town **Rural**
(d) Street No. **Fabius Township**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Ethel Elizabeth Smith**
(b) If veteran, name war **No.** (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **15**
year **1944** hour **8** minute **30** p. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Lloyd Smith** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **July 1 1884**

21. I hereby certify that I attended the deceased from **Jan 6** 19**44** to **Jan 14** 19**44**; that I last saw him alive on **Jan 13** 19**44** and that death occurred on the date and hour stated above. Immediate cause of death **Chronic Arthritis Coronary Thrombosis**

8. AGE: Years **59** Months **6** Days **14** If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace **Pike County Illinois**
10. Usual occupation **House Wife**

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name **James N. Hughart**
13. Birthplace **Missouri**
14. Maiden name **Marinda B. Shoemaker**
15. Birthplace **Louisiana, Missouri**
16. (a) Informant **Lloyd Smith**
(b) Address **Palmyra, Mo.**
17. (a) **Burial** (b) Date thereof **1/18/44**
(c) Place: burial or cremation **Greenwood Cemetery**
18. (a) Signature of funeral director **Lewis Ross**
(b) Address **Palmyra, Mo.**
19. (a) **1/17/44** (b) **Mrs. Margaret H. Ross**
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **J. A. Corliss** (M. D. or other) _____
Address **Palmyra, Mo.** Date signed **1/17/44**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1143

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.....

Robert Lewis

Licensed Embalmer No.....

8382

P. O. Address.....

Palmyra 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.