7. S. No. 2
00M—5-43
ev. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11502

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 82

4
3
4

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 620 Butler
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 620 Butler 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary A. Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Joseph S. Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 12, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	6	16	hr. min.

9. Birthplace Golden Illinois (City, town, or county) (State or foreign country)
10. Usual occupation XX
11. Industry or business XX
FATHER 12. Name Christopher Walker
13. Birthplace South Carolina (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Alexander
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Wm. C. Smith
(b) Address 620 Butler Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Hunnewell Missouri
18. (a) Signature of funeral director Wm. M. Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 3/1/44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1944 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Died Suddenly
Probably due to Ventricular Fibrillatio n
Due to
General Arterio Scelerosis
Due to Senility
died without medical attention.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 2/28/44
(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)
While at work? (e) Means of injury
23. Signature Wm. M. Smith 3 (M. D. or Coroner)
Address Date signed 3/1/44

1146

(Licensed Embalmer's Statement on Reverse Side)

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 George T. Bond, Registered Apprentice No. 350, working under my personal supervision.

Signed Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.