

State File No. ....

FILED JUL 11 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 171

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: 304 Volke  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether in this community \_\_\_\_\_ years, months or days)

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") **4**

(d) Street No. 1210 Valley  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Karen Ruth 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 2, 1943  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1944 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 12, 1944, to May 12, 1944 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 wks.

8. AGE:

Years	Months	Days	If less than one day
	<u>7</u>	<u>11</u>	hr. _____ min. _____

Due to missiles

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **35**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER { 12. Name Herbert Smith

13. Birthplace Richmond Missouri (City, town, or county) (State or foreign country)

14. Maiden name Ira Ruth Rothfuss

15. Birthplace Ralls County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Smith

(b) Address 1210 Valley

17. (a) Burial (b) Date thereof 5/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Ely Mo

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal Mo.

19. (a) 5-15-44 (b) RW Connor  
(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) Means of injury 0

23. Signature ARB Blue (M. D. or other) \_\_\_\_\_

Address Hannibal Mo Date signed 5-13-44

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

Just 4

1146

NO. 1

NO. 2

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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

*George T. Bond*

Licensed Embalmer No. 4373

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.**