

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1944
Registration District No. 207

Primary Registration District No. 5761

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

6700

1. PLACE OF DEATH: Marion
(a) County Marion
(b) City or town Liberty Twp
(c) Name of hospital or institution: Marion Court Infirmiry
(If not in hospital or institution, write street number or location) 10 days
(d) Length of stay: In hospital or institution 10 days (Specify whether) 0
In this community Lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Marion County Infirmiry 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Henry Smith
(b) If veteran, name war No
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5
year 1944 hour 3 minute 0 a.m.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 17 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 17 1944 to July 5 1944
that I last saw him alive on July 4 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 10 18 hr. min.

Immediate cause of death Chronic Interstitial Nephritis with hypertension
Due to _____
Due to _____

9. Birthplace Austin Texas
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Farming

11. Industry or business _____
12. Name Henry Smith

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

14. Maiden name Katherine Webb
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marion County Infirmiry Records

(b) Address Palmyra, Mo.
17. (a) Burial (b) Date thereof 7/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Lewis Ross
(b) Address Palmyra, Mo.

19. (a) 7/6/44 (b) Mrs. Margaret Maddy
(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)
(e) Means of injury _____
23. Signature J. H. Rainer (M. D. or other) NO.
Address Palmyra Mo Date signed 7/6/44

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.