

FILED AUG 8 1944

Primary Registration District No. 6198

Registrar's No. 66

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town RURAL CASS TWP.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jessie 107

(c) City or town RURAL 9  
(If outside city or town limits, write "RURAL")

(d) Street No. Cass Twp. 0  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country.

3. (a) PRINT FULL NAME MARY EMMA SMITH

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Jan 1, 1944, to July 5, 1944  
that I last saw him alive on June 20, 1944  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife ANDREW A. SMITH 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: Aug 6 1862  
(Month) (Day) (Year)

Immediate cause of death chronic nephritis Duration 2 yr

8. AGE: Years 81 Months 10 Days 29 If less than one day  
hr. min.

Due to

Due to

9. Birthplace 10 Ronto CANADA  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: 131h PHYSICIAN  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name WILLIAM THOMPSON

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

14. Maiden name MARTHA SMITH

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew A. Smith

(b) Address Elk Creek mo

17. (a) Burial (b) Date thereof July 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elk Creek mo

18. (a) Signature of funeral director Dayloyd J. Elliott

(b) Address Cabool mo

19. (a) 6-44 (b) Mrs Lou Miller  
(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) (c) Means of injury

23. Signature Wm Elms (M. D. or other)

Address Cabool mo Date signed July 6 44

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

07  
0  
0

1239

RECEIVED

District Health Officer No. 5,

District File Number 844424

Date Filed 8. 7. 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 Raymond V. Elliott

Licensed Embalmer No. 2252

P. O. Address Calverton Md

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.