

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette Missouri  
(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 All His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

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

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

3. (a) PRINT FULL NAME George Humphrey Smith

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margarett McCalley 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept. 25 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation AT Home

11. Industry or business .....

MOTHER FATHER { 12. Name Mathais Smith

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

{ 14. Maiden name Martha Gumm

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

16. (a) Informant Mrs. Willard Crigler

(b) Address Fayette Missouri

17. (a) Burial (b) Date thereof 8-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Fayette

18. (a) Signature of funeral director Guy T. Halley

(b) Address Fayette Missouri

19. (a) 8-6-1944 (b) Earl W. Halley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th  
year 1944 hour 10:30pm minute 0 M.

21. I hereby certify that I attended the deceased from July 14 - 44  
Aug. 4 - 44  
to Aug. 4 - 44  
that I last saw him alive on Aug 1  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to .....

Due to .....

Other conditions 162h  
(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 .....

(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 D. L. Coffman M.D. or other med.  
Address Fayette Mo Date signed 8-2-44

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-12-47

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, Raymond A. Carr

....., Registered Apprentice No. ....,  
working under my personal supervision.

Signed Raymond A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette 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.**