

FILED JUN 14 1945

Registration District No. 1245

Primary Registration District No. 4199

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town McJannet
(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 (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME

Mrs. Margaret Ann Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female race white
5. Color or white
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife George Smith
(c) (e) Age of husband or wife if alive years 5 1868
7. Birth date of deceased (Month) Dec (Day) 5 (Year) 1868

8. AGE: Years 76 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Gebary Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Henry W. Bare
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Julia Rayner
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clem Wright

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 6/5/45 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Clifford B. Burt

(b) Address Albany Mo.

19. Jan 4-1945 (Date received local registrar) (b) Henry W. Bare (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry
(c) City or town McJannet (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1945 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from

May 13 1945 to May 13 1945
that I last saw him alive on May 13 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage
Due to 15 day

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
(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 H. W. Bare (M. D. or other)

Address Albany Mo. Date signed 6-7-45

1108

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 12
District File Number
Date Filed

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

Signed

Charles E. Smith
Licensed Embalmer No. 3329

P. O. Address Albany, 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.