

FILED AUG 18 1945
Registration District No. 276

Primary Registration District No. 4442

Registrar's No. 252

1. PLACE OF DEATH: Randolph
(a) County Highway mo
(b) City or town at home
(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 life time
years, months or days

3. (a) PRINT FULL NAME THOMAS LEVI SMITH
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Rosie
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July (Month) 3 (Day) 1880 (Year)

8. AGE: Years 64 Months 11 Days 19
If less than one day hr. min. 0

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name William Smith

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

14. Maiden name Genevra Frances

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

16. (a) Informant wife - Rosie Smith

(b) Address Highway 770

17. (a) Burial (b) Date thereof June 25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway Cemetery

18. (a) Signature of funeral director H. S. Roberts

(b) Address Highway mo

19. (a) 7-31-1945 (b) Hub W. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Randolph
(c) City or town Highway
(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 23rd
year 1945 hour 6 AM minute _____

21. I hereby certify that I attended the deceased from December
1945 to June 22 1945
that I last saw him alive on June 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage
Due to supertension
Due to cardiac decompensation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy yes

22. If death was due to external cause, 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 _____

23. Signature W. F. Robinson (M. D. or other) 270

Address Highway mo Date signed 6-26-45

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

RECEIVED

District Health Officer No. 10

District File Number 8-45-1220

Date Filed AUG 16 1945

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 H. S. Roberson

Licensed Embalmer No. 3001

P. O. Address Highbee 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.