

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 120

Primary Registration District No. 4194

State File No. 37155

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Abraham Marshal 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 Fluoretta Saton 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 27 - 1877
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Railroad man

11. Industry or business _____

12. Name John Smith
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Agnes Smith
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. M. Smith
(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director W. H. Campbell
(b) Address Albany, Mo.

19. (a) Nov 17 - 1945 (Date received local registrar) (b) W. H. Campbell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany
(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 Nov day 11 year 1945 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov 11, 1945, to Nov 11, 1945;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis
Due to _____

Due to chronic myocarditis 304 years
arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy 940
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 W. H. Campbell (M. D. or other) Nov 14
Address Albany, Mo. Date signed 1945

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

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

Clifford B. 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.