

FILED FEB 28 1946

Registration District No. **70**

Primary Registration District No. **5284 5283**

Registrar's No. **7**

1. PLACE OF DEATH

(a) County **Clark**
(b) City or town **Union Fork Rural**
(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 **Justice Marshall Smith**

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

4. Sex **M** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Malinda Ash** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Sept - 17 - 1867**
(Month) (Day) (Year)

8. AGE: Years **88** Months **2** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **Farming**

12. Name **George J. Smith**
13. Birthplace **not known**
(City, town, or county) (State or foreign country)
14. Maiden name **Lizzie A. Smith**
15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Malinda Smith**
(b) Address **Williamstown Mo.**

17. (a) **Burial** (b) Date thereof: **12-15-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kaboke Cemetery**

18. (a) Signature of funeral director **Fred J. Hart**

(b) Address **Kaboke Mo.**

19. (a) **116-46** (b) **J.R. Bridges**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark 23**
(c) City or town **Rural Union Fork**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **2**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13th**
year **1945** hour **11** minute **A** M.
21. I hereby certify that I attended the deceased from **Dec 13**
1945 to **Dec 13**, 19**45**;
that I last saw him alive on **Dec 13**, 19**45**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Prostate.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy **5/18**

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? _____

(Specify type of place) _____
(e) Means of injury **21**

23. Signature **W. C. C. Todd** (Print or other) **DO.**
Address **Williamstown Mo.** Date signed **12-14-45**

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

100984

RECEIVED

District Health Officer No. 10

District File Number 2-46-240

Date Filed FEB 25 1946

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

J. J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.