

5-42
17-39
X32873

Peel
3379
State File No. _____
Registrar's No. 24

FILED MAR 12 1946
Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
507 W Allen St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 507 W Allen St 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George D. 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 Lidia Smith 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 9-7-1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____

12. Name Hirkland Smith
13. Birthplace not known 9 (City, town, or county) (State or foreign country)
14. Maiden name Mary F. Ireland
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Lidia Smith
(b) Address Clinton Mo
17. (a) Shady Grove Church (b) Date thereof 2-4-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shady Grove

18. (a) Signature of funeral director Ed Williams
(b) Address Clinton Mo
19. (a) 2-4-1946 (b) R.R. Kerner (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 year 1946 hour 5 PM M.

21. I hereby certify that I attended the deceased from Post two days to 2-2 1946 that I last saw him alive about 3 weeks ago and that death occurred on the date and hour stated above.

Immediate cause of death Retinopathy, Edema
Cerepalsy, Arteriosclerosis
Myocardial failure

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

Major findings:

Of operations 830
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 work) (e) Means of injury _____

23. Signature D. C. Peel (M. D. or other) MD
Address Clinton Mo Date signed 2/4/46

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

MAR 19 1946

RECEIVED
District Health Officer No. 7
District File Number 2-46-213
Date Filed 3-9-46

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.....

Fred W. Johnson

Licensed Embalmer No.....

7478

P. O. Address.....

Chilley M

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.