

FILED SEP 11 1946

State File No. _____

Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 708 So. Main
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. 708 So Main
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1946 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from 5 or 6 years
to _____, 19 _____ to _____, 19 _____
that I last saw him alive on August 18
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis
Duration 9 days
Due to Arterial sclerosis and Hypertension

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) _____ Means of injury _____

23. Signature W. H. Mass (M. D. or other) _____
Address Palmyra Mo Date signed 9/19/46

3. (a) PRINT FULL NAME George H. Smith

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Rosa Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. September 12 1866
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitor, retired

11. Industry or business _____

12. Name Pat Smith

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

14. Maiden name Mary Johnson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Bertie Basemore

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Louis Boone
Palmyra, Missouri

(b) Address _____

19. (a) 8-20-46 (b) Louis Boone
(Date received local registrar) (Registrar's signature)

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

4
2
0

200-4

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

Robert Lewis

Licensed Embalmer No.

2382

P. O. Address

Valmeyer, 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.