

FILED JAN 15 1947

Registration District No. 208

Primary Registration District No. 3041

Registrar's No. 138

1. PLACE OF DEATH:

(a) County macon
(b) City or town macon
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County macon
(c) City or town macon
(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 _____

3. (a) PRINT FULL NAME Calumbus G. 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 Ida Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 16 - 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Henry Smith

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

14. Maiden name Jane Vauksike

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

16. (a) Informant Mrs Ida Smith

(b) Address macon mo

17. (a) burial (b) Date thereof Dec 11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evon cemetery

18. (a) Signature of funeral director Robert Skinn

(b) Address macon

19. (a) 1-9-47 (b) Ruth McNeely
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1946 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from 1 Dec 1946 to 10 Dec 1946
that I last saw him alive on 9 - Dec 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar Duration 3 days

Due to Was an old feeble man who appeared to have had a stroke a year or so ago.

Other conditions greatly enlarged spleen
(Include pregnancy within 3 months of death)
cause undetermined
Major findings:
-Of operations _____

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) _____
While at work? _____ (e) Means of injury _____

23. Signature Donald E Eggleston (M. D. or other) MD
Address macon mo Date signed 11 Dec 46

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

40406

JUN 7
1950

RECEIVED
District Health Officer No. 10
District File Number 447-12
Date JAN 14 1947

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 Albert Skinner
Licensed Embalmer No. 75-1
P. O. Address Macou 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.