No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISS

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5991

State File No. 5812

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural /
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jessie A. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Smith

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 8 (Month) 1 (Day) 1872 (Year)

8. AGE: Years 74 Months 6 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joshua Smith /
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth McNulty
15. Birthplace Iowa (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs. Arthur Rowland
(b) Address Mendota Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Cem.

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo.

19. (a) 2-27-47 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1947 hour 10 minute pm M.

21. I hereby certify that I attended the deceased from 1 Feb 47
1 Feb 47, 19..., to 1 Feb, 1947
that I last saw him alive on 1 Feb, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	3 days
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Eugene F. Ritter (D. or other) M.D.
Address Centerville Ia. Date signed 12 Feb 47

266 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-47-405
Date Filed MAR-1-1-1947

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 Kenneth M Slavens, Registered Apprentice No. 418, working under my personal supervision.

Signed F. O. Hersted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.