

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 32

1. PLACE OF DEATH
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution 4076 East Jackson
(d) Length of stay: In hospital or institution Lifetime
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall
(d) Street No. 4076 Jackson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. 49-20-9563

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 10 year 47 hour 11 minute 45 P. M.

4. Sex Male 5. Color or race Negro
6. (a) Name of husband or wife Georgia Smith
7. Birth date of deceased Jan 13 1871

21. I hereby certify that I attended the deceased from Feb 7th 1947 to Feb 10 1947
that I last saw him alive on Feb 10th 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months - Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Apoplexy.
Due to Ruptured blood vessel.
Duration 3 Days.

9. Birthplace Saline Co Missouri

Due to _____
Other conditions _____
Major findings: _____
Of operations 83A
Of autopsy _____

10. Usual occupation Janitor

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

11. Industry or business Janitor
12. Name William Smith
13. Birthplace Saline Co Missouri
14. Maiden name Margaret Davis
15. Birthplace Saline Co Missouri

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Georgia Smith
(b) Address 407 E Jackson

23. Signature W. W. Madison (M: D. or other) _____
Address Marshall Mo. Date signed 2-11-47

17. (a) Burial (b) Date thereof 2-13-47
(c) Place: burial or cremation Stoney Creek

18. (a) Signature of funeral director Paul & Sons
(b) Address Marshall Mo
19. (a) 2/13/47 (b) Edw. Gray

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

RECEIVED

District Health Officer No. 3,
District Health Officer

Date Filed 2-22-67

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 George H. Gray, P.E.

Licensed Embalmer No. 4220

P. O. Address Muchell, 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.