

FILED MAY 5 1947

Registration District No. _____

Primary Registration District No. 5026

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural, South Clark
(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 74 yrs years, months or days

3. (a) PRINT FULL NAME CARRIE MAY SMITH

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 29 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name John Graves
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Angel
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ired Smith

(b) Address Sayfax Missouri

17. (a) Burial (Burial, cremation, or removed) (b) Date thereof 3/25/47
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Sayfax Mo.

18. (a) Signature of general director Marvin A. Schlessel

(b) Address Sayfax, Missouri

19. (a) Mar 24-47 (Date received local registrar) (b) Mrs. R. P. Cummings (Registrar's signature) 5

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. South of Sayfax
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 23
year 1947 hour 3 minute - P.M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

STRANGULATION BY HANGING

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SUICIDE

(b) Date of occurrence MAR 22 1947

(c) Where did injury occur? FAIRBAX ATCHISON MO
(City or town) (County) (State)

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

(Specify type of place)

While at work? _____ (e) Means of injury 2

23. Signature Thos F Fay (M. D. or other) NO

Address Webbboro Mo Date signed 3-22-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Coroner

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Marvin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Laurias, 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.