

FILED AUG 19 1947

Registration District No. 277

Primary Registration District No. 6022

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
6 miles NW of Richmond /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 57 years  
years, months or days

3. (a) PRINT FULL NAME EMMA BRADFORD SMITH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John G. Smith

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

7. Birth date of deceased May 5, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 2 24 hr. min.

9. Birthplace Henderson, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER

12. Name H. P. Randolph

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

14. Maiden name Elizabeth Barber

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

16. (a) Informant Robert Robert Waller

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof July 30, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurman Burial Home  
Richmond, Missouri

(b) Address \_\_\_\_\_

19. (a) July 31, 1947 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

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

(d) Street No. 6 miles NW of Richmond 0  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th  
year 1947 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 2-12-47 19   to 7-29-47 19  ;  
that I last saw or alive on 7-29-47 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Coronary Thrombosis 2 mo  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 107

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) (e) Means of injury \_\_\_\_\_ 0

23. Signature Malcolm Jackson (M. D. or R.N.) \_\_\_\_\_

Address Richmond, Mo. Date signed 7-31-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Ordn Filed

8-18-47

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, ~~REXX~~,

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P.O. Address. Richmond, 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.