

FILED OCT 7 1947
Registration District No. **120**

Primary Registration District No. **5448**

1. PLACE OF DEATH:

(a) County **Gentry**
(b) City or town **Rural** - *Higginsburg*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

8. (a) PRINT FULL NAME **Edgar Lincoln Smith**

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

4. Sex **Male** 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 **Sept. 14, 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 5 hr. min.

9. Birthplace **Jackson Co. Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **William Smith**
13. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Reynolds**
15. Birthplace **Devonshire England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Smith**
(b) Address **Albany, Mo.**

17. (a) **Burial** (b) Date thereof **9/21/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Carmack**

18. (a) Signature of funeral director **Charles D. Williams**
(b) Address **Albany, Mo.**
19. (a) **Sept 27, 1947** (b) **Edgar H. Mather**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19**
year **1947** hour **4** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Sept 9**, 19**47**, to **Sept 19**, 19**47**,
that I last saw him alive on **Sept 19**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration **1 Week**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9410**
Of autopsy
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) (c) Means of injury
23. Signature **Charles D. Williams** (M.D. or other) **DO**
Address **Albany, Mo.** Date signed **Sept. 26, 47**

FEB 20 1948

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 _____
Licensed Embalmer No. 3329
P. O. Address Albany, N.Y.

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, above space should be left blank.