

FILED OCT 17 1947

Registration District No. 66

Primary Registration District No. 5255

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton-Clark Twp
(b) City or town Marceline Rural
(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 years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Chariton
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lloyd Lee Smith

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 495-16-1878

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Geneva May Hayes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1912
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace New Cambria mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Walter Richard Smith
13. Birthplace Callao mo
(City, town, or county) (State or foreign country)
14. Maiden name Frances Bell McWhaney
15. Birthplace Randon Mills, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lloyd Lee Smith
(b) Address Marceline mo

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

(c) Place: burial or cremation New Cambria mo

18. (a) Signature of funeral director: James M Laughlin

(b) Address Marceline mo

19. (a) Sept 17 47 (b) Martha Clark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1947 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 15 10:30 AM, 1947, to _____, 19____; that I last saw h. i. m. alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation
Due to auricular fibrillation ?
Due to rheumatic heart disease 20 yrs

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

Major findings: Of operations _____ Of autopsy 95 B

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 _____
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 Philip Ottman (M. D. or other) MD
Address Marceline mo Date signed 9/16/47

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-16-47

SEP 22 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.....

Wilburn Keith Lilloston....., Registered Apprentice No. 438,
working under my personal supervision.

Signed Blanche M Laughlin.....

Licensed Embalmer No. 1909

P. O. Address Marceline 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.