

FILED OCT 24 1947

Registration District No. 173

Primary Registration District No. 3036

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 12 hrs.
two years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Benjamin Franklin Smith

3. (b) If veteran, name war _____
3. (c) Social Security No. 702-03-9793

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Olive
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 31, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Girard, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Frisco R. R. Agent

11. Industry or business _____

MOTHER, FATHER {
12. Name James H. Smith
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Celia Smith
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olive Smith
(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 8-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.

18. (c) Signature of funeral director J. P. Surridge
(b) Address Marionville, Mo.

19. (a) Sept. 2-47 (b) Ora Mc Natt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

22. DATE OF DEATH: Month Aug. day 23
year 1947 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug. 23 to Aug. 23, 1947
that I last saw him alive on Aug. 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Hemorrhage
Duration 34 hours

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy 123

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 _____

23. Signature A. P. Geth (M. D. or other) _____
Address Aurora, Mo. Date signed 8-24-47

RELAYED
District Health Officer No. 6,
District File Number 1047-1087
Date Filed OCT-23-1947

EMERALD

OCT 25 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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Herman Hurridge
Licensed Embalmer No. 3072
P. O. Address Marionville

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.