

S. No. 2
M-1/47
5-17-39

National Office of Vital Statistics
FILED MAR 19 1948

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Stickler Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Novinger
(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 George W. Smead

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

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

6. (b) Name of husband or wife Alta M. Collins

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 18 1881
(Month) (Day) (Year)

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

67	1	7	hr. min
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9. Birthplace Renick Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mine Engineer

MOTHER FATHER

11. Industry or business _____

12. Name Elihue Smead

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

14. Maiden name Ella Robb

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

16. (a) Informant Mrs. Velma Sevits

(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 2/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger, Mo.

18. (a) Signature of funeral director Dee Riley Funeral

(b) Address Kirksville, Missouri

19. (a) 3-8-48 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1948 hour 7:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb. 22 1948 to Feb. 25 1948
that I last saw him alive on Feb. 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis chronic Cebulosis of Liver
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration: 6 yrs. 10 yrs.

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause of 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? _____ (Specify type of place)

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

23. Signature Postleber (M. D. or other) MD
Address Kirksville mo Date signed 2-28-48

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

RECEIVED
District Health Officer No. 10
District File Number 3-48-505
Date Filed MAR 17 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

DEE Riley

Licensed Embalmer No.

4181

P. O. Address

Kenosha Wis

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.