No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1948

Registration District No. 109

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27043

Primary Registration District No. 3043

Registrar's No. 255

1. PLACE OF DEATH:

(a) County MARION

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

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

(d) Length of stay: In hospital or institution 12 days. (Specify whether
In this community 80 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion

(c) City or town Rural Palmyra
(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 FRANK WELLS SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. 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 October (Month) 31st. (Day) 1867 (Year)

8. AGE: Years 80 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Rockville (City, town, or county) Conn. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Hirame Smith
13. Birthplace Palmer (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Mary Symonds
15. Birthplace Rockville (City, town, or county) Conn. (State or foreign country)

16. (a) Informant Gay Smith
(b) Address Palmyra Mo.

17. (a) ~~Removal~~ Burial (Burial, cremation, or removal) (b) Date thereof 8/7/ 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem. Palmyra Mo.

18. (a) Signature of funeral director Eugene J. Sprague
(b) Address Palmyra Mo.

19. (a) 8-14-48 (Date received local registrar) (b) Dr E. M. Lucker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th.
year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 27 July 1948, to Aug 5 1948
that I last saw him alive on 5 Aug 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to

Other conditions Fracture rt hip
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)
While at work? (e) Means of injury

23. Signature M. J. Rolling (M. D. or other)
Address St & Bldg Hannibal Mo Date signed Aug 12/48

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Eugene D Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—3-45
P-1-X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept 1

Registration District No. 209 / Primary Registration District No. 3043 / Registrar's No. 255

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Frank W. Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased: Oct 31 1867 (Month) (Day) (Year)
8. AGE: Years 80 Months 9 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Conn. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) accident
(b) Date of occurrence July 24 1948
(c) Where did injury occur? Hannibal (City or town) Marion (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? No (e) Means of injury fell getting into a chair
23. Signature M. J. Roller (M. D. or other)
Address Hannibal MO Date signed Aug 30/48

SUPPLEMENTARY

1948
5-27043