

FILED SEP 1 1948

State File No. _____

Registration District No. 297

Primary Registration District No. 44.33

Registrar's No. 58

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(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 33 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
(c) City or town UNIONVILLE 1
(If outside city or town limits, write "RURAL") 6
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME PEARL A SMITH
3. (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 GENEVA SMITH 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 8 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NIGHTWATCHMAN

11. Industry or business CITY OF UNIONVILLE

MOTHER FATHER { 12. Name JAMES SMITH
13. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name NANCY CARTER
15. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Margie Osterberg
(b) Address Otho Iowa

17. (a) BURIAL (b) Date thereof AUG. 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. BY J. W. Comstock

19. (a) 8-28-48 (b) Marshall Durbin
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month AUGUST day 26
year 1948 hour II minute 06 A. M.

21. I hereby certify that I attended the deceased from Aug 2
1947, to Aug 26, 1948
that I last saw him alive on Aug 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of right lung
lung & spleen

Duration 5 years

Due to _____
Due to _____

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

Major findings:
Of operations 27 D
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) _____
(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 Chas H. Fuld M. D. or other _____
Address Unionville, MO Date signed 8-26-48

SEP 9 1946

RECEIVED

District Health Officer No. 10
District File Number 8-48-15
Date Filed AUG 31 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.....

Richard P Cassidy

Registered Apprentice No. 76

working under my personal supervision.

Signed

Jane W Conrath

Licensed Embalmer No. 4197

P. O. Address

Unionville, N

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

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