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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 22 1948

Registration District No. 428

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 32673

Registrar's No. 873

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs, 6 mos, 20 days (Specify whether
In this community 6 yrs. 6 mos, 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Fayette 999

(c) City or town Lexington 15
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George SMITH #3587-H

3. (b) If veteran, name war X

3. (c) Social Security No. ?

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 6 (Day) 1900 (Year)

8. AGE: Years 48 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Derry Station (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Farm laborer, machinist, etc.,

11. Industry or business

FATHER
12. Name Frank Smith
13. Birthplace ? (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Anna (Shannon) Smith
15. Birthplace ? (City, town, or county) ? (State or foreign country)

16. (a) Informant File
(b) Address MCFP

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 10-16-48 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1948 hour 3 minute 40 A.M.

21. I hereby certify that the medical staff attended the deceased from March 21, 1942, to October 11, 1948; that they last saw him alive on October 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolus of main pulmonary artery	Immed.
Due to Phlebothrombosis of legs	Unknown
Other conditions: Psychosis with syphilis of the central nervous system, meningo-encephalitic type. (Include pregnancy within 3 months of death)	since 1942

Major findings:
Of operations None
Of autopsy Pulmonary embolus

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E A Rinck (M. D. [redacted])
Address Medical Center Fed. Pris. Springfield, Missouri Date signed 10-13-48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address. Springfield, Mo.

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.