

STANDARD CERTIFICATE OF DEATH

10-48 FILED DEC 3 1952

State File No. ....

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 386

1. PLACE OF DEATH a. COUNTY MARION b. CITY OR TOWN HANNIBAL c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION 719 LYON ST. 2. USUAL RESIDENCE: a. STATE MO. b. COUNTY MARION c. CITY OR TOWN HANNIBAL d. STREET ADDRESS 719 LYON ST.

3. NAME OF DECEASED a. (First) LOUISE b. (Middle) (N) c. (Last) SMITH 4. DATE OF DEATH (Month) (Day) (Year) 11-26-1952

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 1-20-1867 9. AGE (In years last birthday) 85 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) LEE COUNTY, IOWA 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME CHRISTIAN STRINE 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE JONAS SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs. C. R. Paul - Long Beach, Calif. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 3 days ?

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 331X 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal, Marion, MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 8/10/52, 19\_\_\_, to 11/26/52, 19\_\_\_, that I last saw the deceased alive on 11/25/52, 19\_\_\_, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Watts, M.D. (Degree or title) 23b. ADDRESS 508 Broadway Hannibal 23c. DATE SIGNED 11/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 11-29-52 24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY 24d. LOCATION (City, town, or county) (State) HANNIBAL, MO.

DATE REC'D BY LOCAL REG. 11-29-52 REGISTRAR'S SIGNATURE Dr. R. M. Lucke FUNERAL DIRECTOR'S SIGNATURE Ralph Clark ADDRESS Hannibal, MO.

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

344

RECEIVED DEC 1 1952  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 1 1952

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.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hammill, 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.