

FILED SEP 11 1941 96
Registration District No. 7996

Primary Registration District No. 3038

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution:
468 S. Ellsworth Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME James Luther Smith

3. (b) If veteran, X name war _____ 3. (c) Social Security No. 2

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife Margueritte Talliaferro 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 7, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 27 If less than one day
hr. min.

9. Birthplace Gap Mills W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

12. Name Will Smith

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

14. Maiden name Unknown Lake Unknown

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

16. (a) Informant Gene V. Smith

(b) Address Marshall, Mo.
Burial (c) Date thereof 8/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director J. Leslie Sasser While at work? _____ (e) Means of injury _____

(b) Address Marshall, Mo.
19. (a) 8-5-41 (b) Stephary Kent (c) Elliker, M.D.
(Date received local registrar) (Registrar's signature) (M. D. or other) Address Marshall, Mo. Date signed 8-5-41

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 468 S. Ellsworth Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1941 hour 0.5 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 18, 1941, to Aug 4, 1941; that I last saw him alive on Aug 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart exhaustion Duration 2 days

Due to Atherosclerosis

Due to 97

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) _____
(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) _____ (e) Means of injury _____
Signature Elliker, M.D. (M. D. or other) 0
Address Marshall, Mo. Date signed 8-5-41

ate Filed
Service File Number
7-9-41
District Health Officer No. 8

RECEIVED

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.....
J. Leslie Sweeney
Licensed Embalmer No. *2235*

P. O. Address.....
Waukegan, Ill.

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.