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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 158

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

64
3
4

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: St. Elizabeth Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Marion 64
(c) City or town Hannibal 4
(If outside city or town limits, write "RURAL")
(d) Street No. 402. N. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George W. 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 Married
6. (b) Name of husband or wife Lydia
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 17. 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	14	hr. min.

9. Birthplace Sheridan Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Alex Smith
13. Birthplace — — — (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — — (City, town, or county) — (State or foreign country)
16. (a) Informant Lydia Smith
(b) Address 402. N Main Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cem.
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 6-19-42 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour minute 8 30 a.M.
21. I hereby certify that I attended the deceased from May 24, 1942, to June 2, 1942
that I last saw him alive on June 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions Hypertrophic prostate
(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.

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 [signature] (M. D. or other)
Address 1001 Bldg Hannibal Mo Date signed 6/19/42

1146 (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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.