

FILED NOV 9 1942

Registration District No. 378

Primary Registration District No. 6285

114
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Gravois Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARSHALL E. Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or white

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

6. (b) Name of husband or wife ANNA Smith

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Wright County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Wm Smith

13. Birthplace Seaside
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Jane Kelly

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

16. (a) Informant wife

(b) Address _____

17. (a) burial (b) Date thereof Oct. 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Valley Cemetery

18. (a) Signature of funeral director Russell Bobb

(b) Address _____

19. (a) 11/4/42 (b) Ruby N. Perry
(Date received local registrar) (Registrar's signature)

10400 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright

(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1942 hour 3:35 minute 0 P. M.

21. I hereby certify that I attended the deceased from October 16 to Oct 23 1942
and that death occurred on the date and hour stated above. 1942

that I last saw him alive on Oct. 21 1942

Immediate cause of death Gallbladder
hemorrhage

Duration

Due to ulcers of stomach

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 R. A. Ryan (M. D. or other)

Address Gravois Date signed 11/4/42

RECEIVED

District Health Officer No. 6,

District File Number 1142-1557

Date Filed NOV 6 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35-1120
Registrar's No. 35

Registration District No. 378

Primary Registration District No. 6285

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Rural
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State
(b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Marshall E. Smith

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Nov. 3, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 18 min.
If less than one day

9. Birthplace mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry of business

12. Name

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

14. Maiden name

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

16. (a) Informant Anna Smith

(b) Address Mt. Moore, Mo.

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Ruby H. Perry

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1942 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
that I have examined the body on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

MOTHER FATHER

35112