

Registration District No. 19479

Primary Registration District No. 4099

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(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 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Frank 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 Widowed
6. (b) Name of husband or wife Sallie M. Smith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 23 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 28 hr. min.

9. Birthplace Cowgill, Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Smith
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Hester Huiod
15. Birthplace Rayville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Smith
(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) Dec. 23, 1943 (b) Margaret Talk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 522 Locust (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 2, 1941, to Dec 16, 1943, that I last saw him alive on Dec 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Pulmonary Edema
Due to Chronic Myocarditis
Due to Arteriosclerosis

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

Major findings: Of operations _____

Of autopsy _____

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 J. F. Hearn (M.D. or other) EO
Address Pleasant Hill, Mo. Date signed 12-18-43

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

19
20

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.....

By me Dec. 16 1943

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

working under my personal supervision.

Signed.....

Allen Brownfeld

Licensed Embalmer No..... 3785

Pleasant Hill. Mo.

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, above space should be left blank.