

FILED JAN 12 1943

Primary Registration District No. **3043**

1. PLACE OF DEATH:

(a) County **Madison**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3002 North 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **most of life** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **3002 North 6th St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George W. Smiley**

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 **Lucille Sanner Smiley** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 15 1853**
(Month) (Day) (Year)

8. AGE: Years **88** Months **4** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Pike county Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miller**

11. Industry or business **retired**

MOTHER FATHER { 12. Name **Thomas Smiley** 9
13. Birthplace **not known** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Pratt**
15. Birthplace **not known** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lucille Sanner Smiley**
(b) Address **3002 N. 6th Hannibal, Mo.**

17. (a) **Burial** (b) Date thereof **Dec 1 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet cemetery**

18. (a) Signature of funeral director **Ray B. Schwartz**
(b) Address **1000 Broadway, Hannibal, Mo.**

19. (a) **12/1/43** (b) **W. Connor**
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29**
year **1943** hour **2** minute **-** A.M.

21. I hereby certify that I attended the deceased from **1940** 19 _____ to **11-27 1943**
that I last saw him alive on **11-26 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardiosis** Duration **2 weeks**
arterio sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9322**
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) **no**
(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 **W. Connor** (M. D. or nurse)
Address **Hannibal Mo** Date signed **12-1-43**

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

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 Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1770 Broadway, 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.