

FILED JAN 12 1944
Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 366

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME William J Smith

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

4. Sex Male 5. Color or race Colonel 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased Aug 1851
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 92 | 3 | 20 | hr. min. |

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

10. Usual occupation Retired

11. Industry or business _____

12. Name James Smith

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

14. Maiden name ELLEN SMITH

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

16. (a) Informant Mrs Geneva Johnson

(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo.

19. (a) 12/6/43 (b) Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴
(c) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2507 Maple St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1943 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 7
1943 to Nov 20 1943
that I last saw him alive on Nov 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myo Carditis
Due to _____
Due to _____

Other conditions Septicemia ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations 93 el
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) (a) Means of injury _____
23. Signature Dr. A. J. Fox (M. D. or other) _____
Address Hannibal Mo. Date signed 12-6

Duration
Physician
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1146

1943

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.