

FILED DEC 13 1944

Registration District No.

Primary Registration District No. 3040

Registrar's No. 146-

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
207 Cherry Street
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution.....
In this community..... 50 years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL") 2
(d) Street No. 207 Cherry Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME Quimbia R. Smith

3. (b) If veteran, name war No 3. (c) Social Security No. 491-22-6240

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Elizabeth Jane Smith 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 16th. 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 11 hr. min.

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

10. Usual occupation Laundryman

11. Industry or business

MOTHER FATHER { 12. Name Elias Smith
13. Birthplace Virginia.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy J. Smith
15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Harland J. Smith
(b) Address Chillicothe, Missouri.
17. (a) Burial (b) Date thereof 11-28-'44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Utica, Missouri.

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri.
19. (a) Nov 28 (b) Lo. U. Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th.
year 1944 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from November 24, 1944 to Nov 27, 1944.
that I last saw him alive on Nov 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (thrombotic) Duration 2 days

Due to _____

Due to _____

Other conditions AVA
(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) (e) Means of injury _____
23. Signature G. W. [Signature] (M. D. or other) MA
Address Chillicothe, Mo. Date signed Nov 28

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.....

Elmer Thomas....., Registered Apprentice No.....
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe, W.

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.