

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Hays Rural dist. No. 2  
(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 1  
In this community 6 months  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sylvia Marie Smith  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. no

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles H. Smith  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased April 7 1908  
(Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 5  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER  
12. Name Jack Johnson  
13. Birthplace Pochantos Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora Smith  
15. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Smith  
(b) Address Hays, Mo.

17. (a) Burial (b) Date thereof 11-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hays, Mo.

18. (a) Signature of funeral director Valhalla Funeral Home  
(b) Address Hays, Mo.

19. (a) 11-15-1948 (b) JAS O'HANESON  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot  
(c) City or town Hays Rural  
(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 TI

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12  
year 44 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 7, 1944 to November 12, 1944  
that I last saw her alive on November 12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Benignal pleurostegia  
Due to hypertension and chronic nephritis  
Due to .....

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

Major findings: Of operations 131  
Of autopsy .....

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) .....

(d) Date of occurrence .....

(e) Where did injury occur? .....

(f) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
While at work? .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

23. Signature Wes Bond M.D. (M. D. or other)  
Address Hays, Mo. Date signed .....

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

7800

11-44-275

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 Jack Kelley  
Licensed Embalmer No. 3788  
P. O. Address Hayt. 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.