S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41617

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 332

**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: 304 Volke
(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)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 304 Volke 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vaughn Bonem Smith
3. (b) If veteran, name war
3. (c) Social Security No. 490-07-8804
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Ellen
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased September 3, 1885 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 1 | 18 | hr. min. |

9. Birthplace Howard County Missouri 6 (City, town, or county) (State or foreign country)
10. Usual occupation Cook
11. Industry or business Bob's Lunch
FATHER
12. Name George Franklin Smith
13. Birthplace Moberly Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Rector
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Martha Ellen Smith 1
(b) Address 304 Volke Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/44 (Month) (Day) (Year)
(c) Place: burial or cremation New London, Mo Barkley Cemetery
18. (a) Signature of funeral director Wm M. Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) Oct 24 1944 (Date received local registrar) (b) R W Common (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 22 year 1944 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 20th to 22nd, 1944 to 22, 1944 that I last saw him alive on Oct. 20th, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 3 days |
| Due to Coronary Occlusion Angina Pectoris | |
| Due to | |
| Other conditions Hypertension (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 94a | |
| 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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Dr. F. O. Beard (M. D. or other) 20.0.
Address 505 Church St Hannibal Mo Date signed Oct 23, 1944

1146 (Licensed Embalmer's Statement on Reverse Side)

## 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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal Missouri

**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.**