

Registration District No. 278

Primary Registration District No. 4413

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Frankford
(If outside city or town limits, write "RURAL" and name of township)
 (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 -
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
 (c) City or town Frankford 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No - 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES OLIVER SMITH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
 year 1947 hour 1 minute 50 A.M.
 21. I hereby certify that I attended the deceased from Jan. 21
1947 to Feb. 1 1947
 that I last saw him alive on Jan. 31 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Failure Duration _____

4. Sex M O 5. Color or race W
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife LOTTA LOUISE SMITH
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Feb. 8 1865
(Month) (Day) (Year)

Due to old age
 Due to hardening of arteries
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy A

8. AGE: Years 81 Months 11 Days 23
If less than one day hr. min.
 9. Birthplace Pike Co., Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer (Retired)

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

MOTHER { 11. Industry or business _____
 FATHER { 12. Name JERAMIAH SMITH
 13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
 14. Maiden name Adelaide Cook
 15. Birthplace Pike Co., Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Harry Pritchett
 (b) Address Frankford, Mo.
 17. (a) Burial (b) Date thereof Feb. 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Frankford, Mo.
 18. (a) Signature of funeral director Fullborn Son
 (b) Address Frankford, Mo.
 19. (a) 2-4-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

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 phre) (e) Means of injury 2
 23. Signature E. P. Hansen D.O. (M. D. or other) D.O.
 Address Frankford, Mo. Date signed 2/3/47

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

REC'D
Dis.
Date Feb 15 1947
MAR-1-1-1947

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 *Jane Fields Megaw*
Licensed Embalmer No. 4093
P. O. Address. Frankford, 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.