

1. PLACE OF DEATH:

(a) County Sullivan Co Mo
(b) City or town Green City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Green City
(If outside city or town limits, write "RURAL")
(d) Street No. 105
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSA BELL SMART

3. (b) If veteran, name war WW2 3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st
year 1947 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from four years to March 1, 1947
that I last saw him live on and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Elijah Smart 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased: 2 (Month) 14 (Day) 1867 (Year)

Immediate cause of death Acute Gastritis
Valvular disease of the
Heart and old age
Due to _____

8. AGE: 79 Years 0 Months 15 Days If less than one day
80 hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER, FATHER { 12. Name Isaac Tidwell
13. Birthplace Edgar Co Ind
14. Maiden name Julia Ann Davis
15. Birthplace Clarksville Ind Ill

16. (a) Informant Mrs Fletcher Piley

(b) Address Green City Mo

17. (a) Burial (b) Date thereof 7 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City Mo

18. (a) Signature of funeral director Wm E Kent & Son

(b) Address Green City Mo

19. (a) 3-8-47 (b) E. J. Shaw
(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 place) (e) Means of injury _____
23. Signature W. D. Huntington MD (M: D. or other) _____
Address Green City Mo Date signed 3-8-47

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

RECEIVED
District Health Officer No. 10
District File Number 3-47-562
Date Filed MAR 24 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 Glenn E. Kurt

Licensed Embalmer No. 1769

P. O. Address Green City 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.