

FILED DEC 13 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **407**

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

1. PLACE OF DEATH:

(a) County **MARION**
(b) City or town **HANNIBAL - MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LEVERING - HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 WEEKS**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **RALLS**
(c) City or town **CENTER - MO.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD - EUGENE SMITH**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWER**

6. (b) Name of husband or wife **MARY BIRD SMITH** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JUNE - 1 - 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 16 hr. min.

9. Birthplace **PALMYRA MO. G**
(City, town, or county) (State or foreign country)

10. Usual occupation **MECHANIC**

11. Industry or business **GARAGE**

12. Name **EDWARD P. SMITH**

13. Birthplace **PALMYRA MO. G**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN. G**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Enlah Foster**
(b) Address **CENTER - MO**

17. (a) **BURIAL** (b) Date thereof **11-19-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CENTER - MO**

18. (a) Signature of funeral director **Conant Wiley**
(b) Address **CENTER - MO**

19. (a) **12-5-47** (b) **10/10/47**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **18th**
year **1947** hour **12:45** minute **A.** M.

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on _____ on _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure**
Myopericardial Heart Disease
Due to _____
Due to _____

Duration
1 Yr
Yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **A**
Of autopsy **A**
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) _____
(e) Means of injury **0**
While at work? _____
23. Signature **HB Winton** (M. D. ~~initials~~)
Address **HANNIBAL - MO** Date signed **11/18/47**

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 Clyde Willey

Licensed Embalmer No. 3820

P. O. Address Perry 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.