S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38921

FILED DEC 5 1947

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 395

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

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: 1235a Broadway
(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. 1235a Broadway 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country --

3. (a) PRINT FULL NAME JONAS SMITH

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

4. Sex male C 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Smith 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August (Month) 19 (Day) 1857 (Year)

8. AGE: Years 90 Months 2 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation retired baker

11. Industry or business --

FATHER
12. Name Daniel D. Smith
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Myrtle Waters.
(b) Address 807 Grand Ave., Hannibal, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 11-25-47 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1947 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from Nov 1, 1947, to 18 Nov, 1947 that I last saw him alive on 12 Nov, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	
Due to Coronary Sclerosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature M. J. Rollin (M. D. ~~or other~~)
Address 113a S. Main Hannibal Mo Date signed Nov 22/47

Jefferson City Printing Co. (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 R. Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal

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.