. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43901

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 262

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: E. Vest 1 (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 Mo. (b) County Saline 97
(c) City or town Marshall, Mo. 1 (If outside city or town limits, write "RURAL")
(d) Street No. E. Vest 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALEXANDER SMITH
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 59 Months Days If less than one day ..... hr. ..... min.
stimated →

9. Birthplace Saline Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation unemployed
11. Industry or business
FATHER
12. Name Alfred Nichols
13. Birthplace unknown (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mary Walker
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant Virgil Thomas
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation colored cemetery Marshall Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 12-31-1947 (Date received local registrar) (b) Sidney T Gray (Registrar's signature) 285

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1947 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 15th, 1947, to Dec 29 1947 that I last saw him alive on Dec 23rd 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Interstitial Nephritis	Dont Know
Due to	"
Due to	
Other conditions Arteriosclerosis (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
23. Signature W. H. Madison (M. D. ~~or other~~) (1)
Address Marshall, Mo. Date signed 12-30-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 1-9-48

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 Joseph R. Mackler, Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger
Licensed Embalmer No. 4357
P. O. Address Marshall 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.