

FILED AUG 23 1948 59
Registration District No. _____

Primary Registration District No. **4099**

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

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Pleasant Hill**
(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 _____
In this community **80 yrs ?** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary Jane Smith
3. (b) If veteran, name war **no** 3. (c) Social Security No. **No**

4. Sex **Fe** 5. Color or race **Colored** (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **P J Smith** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 ? hr. min.

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

10. Usual occupation **at home**

MOTHER FATHER { 11. Industry or business

12. Name **Brice Davis** 9
13. Birthplace **unk** (City, town, or county) (State or foreign country) 9
14. Maiden name **unk**
15. Birthplace **unk** (City, town, or county) (State or foreign country) 9

16. (a) Informant **Mabel P Thompson**

(b) Address **Pleasant Hill**

17. (a) **Burial** (b) Date thereof **8-2-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill**

18. (a) Signature of funeral director **J. W. Ferrish**

(b) Address **Pleasant Hill Mo**

19. (a) **Aug 20 1948** (b) **Laura J. Jones** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cass** 19
(c) City or town **Pleasant Hill** 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1948** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July** 19 **48** to **July 31** 19 **48**
that I last saw her alive on **July 31** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **unk**

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **unk**

Of autopsy _____

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 **Ernest Zander** (M. D. or other) **Mo.**
Address **Pleasant Hill, Mo.** Date signed **9/2/48**

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

DEC 12 1951

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 J. Virgil Herrick
Licensed Embalmer No. 3599
P. O. Address Pleasant Hill

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.