

No. 3
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5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 30404

Registrar's No. 304

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

1. PLACE OF DEATH: Marion

(a) County: Marion

(b) City or town: Hannibal, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Monroe 67

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. Stoutsville, Missouri?
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Frank Smith

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male δ 5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leona Smith

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: September 12 - 1903
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 11
If less than one day hr. _____ min. _____

9. Birthplace: Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

12. Name: Luther Smith

13. Birthplace: Ralls County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Ollie Smith

15. Birthplace: Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Leona Smith

(b) Address: Stoutsville, Missouri

17. (a) Burial (b) Date thereof: 9 - 5 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Victor Cemetery

18. (a) Signature of funeral director: Clyde Wilcox

(b) Address: Perry, Missouri

19. (a) 9-22-48 (b) Dr. H. M. Husky
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1948 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from Sept 2 48, to Sept 3 48, 1948
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Blow on head
Duration: 2 days

Due to: _____
1958

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

Major findings: Bleeding middle meningeal artery
Of operations: _____
Of autopsy: _____

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): accident 87

(b) Date of occurrence: Sept 1st - 48 87

(c) Where did injury occur?: Under tree

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Playing Ball
(Specify type of place) (c) Means of injury

23. Signature: H. M. Husky (M. D. or other)
Address: Hannibal, Missouri Date signed: Sept 10 - 48

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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 Wilkey* ^{67 3 57}
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.