

**THE DIVISION OF HEALTH OF THE STATE OF MICHIGAN  
STANDARD CERTIFICATE OF DEATH**

State File No. **38214**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 164

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<b>1. PLACE OF DEATH</b> a. COUNTY <u>Franklin</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY _____	
b. CITY OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Flint</u> <u>8210</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>763 Parkland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>James</u> b. (Middle) <u>D.</u> c. (Last) <u>Smith Jr</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>11 12 52</u>		
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Never</u>	<b>8. DATE OF BIRTH</b> <u>Dec 22 1929</u>	<b>9. AGE</b> (In years last birthday) <u>23</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>U S Army</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Georgia</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>JAMES P SMITH Sr</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	<b>16. SOCIAL SECURITY NO.</b> <u>X</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>From Records</u>
		<b>17. ADDRESS</b> _____

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 hrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Skull fracture</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident</u> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Multiple contusions, abrasions, lacerations, minor contusion left lung</u> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>None</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> Hwy 66 near Union</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Union Franklin Mo.</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Nov 11, 1952 5:30 pm</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Auto accident</u>

**22. I hereby certify that I attended the deceased from** 11 Nov, 1952, to 12 Nov, 1952, that I last saw the deceased alive on 11 Nov, 1952, and that death occurred at 12:35 AM., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Raymond B. Hood, M.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Washington Mo</u>	<b>23c. DATE SIGNED</b> <u>12 Nov 52</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>12 Nov, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Flint Michigan</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 12, 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>
		<b>ADDRESS</b> <u>Hedges Funeral Home Crocker Mo</u>

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

MAR 22 1953

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Clarence Gross*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4896*

P. O. Address.....

*Waynesville 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.