

No. 20  
11-20-52

FILED NOV 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. 39464

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 372

5644

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR Ha nnibal	c. LENGTH OF STAY (If in place) 4 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR Hull	8720
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) No street address	

3. NAME OF DECEASED (Type or Print) a. (First) Francis	b. (Middle) (N)	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 11 - 10 - 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7, 1903	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Springfield, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jacob Rosenzweig	13b. MOTHER'S MAIDEN NAME Mary Kranz	14. NAME OF HUSBAND OR WIFE Walter H. Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure		acute
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial hypertrophy DUE TO (c) myocardial		10 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic primum congestor		14 Year.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4343
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22. I hereby certify that I attended the deceased from April 1850 to 11/10, 1952, that I last saw the deceased alive on 11/10, 1952, and that death occurred at 12:30 PM, from the causes and on the date stated above.

23a. SIGNATURE V.W. Purcell M.D.	(Degree or title)	23b. ADDRESS Hull, Illinois	23c. DATE SIGNED 11/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-12-52	24c. NAME OF CEMETERY OR CREMATORY Akers Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Hull, Ill.
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DATE REC'D BY LOCAL REG. 11-12-52	REGISTRAR'S SIGNATURE Dr. E.M. Lucia	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Clark	ADDRESS Hannibal, Mo
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(Licensed Embalmers' Statement on Reverse Side)

RECEIVED NOV 18 1952  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 18 1952

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.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.