S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34446

Registration District No. 296 — Primary Registration District No. 607-9-4445 — Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Ray
(b) City or town: Orrick (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: Fifty Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Ray
(c) City or town: Orrick, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary V. Smith
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Smith
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. (Month) 25 (Day) 1859 (Year)
8. AGE: Years 86 | Months | Days | If less than one day: hr. min.
9. Birthplace: Virginia (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER 12. Name: Rudolph Palmer
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Susan Whaley
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Brown
(b) Address: Orrick, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation: South Point Cem.
18. (a) Signature of funeral director: Brothers-Hood
(b) Address: Orrick, Mo.
19. (a) Nov 1 (Date received local registrar) (b) Helen J. Parker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1945 hour 10:10 minute A. M.
21. I hereby certify that I attended the deceased from Oct 17 45, 19, to Oct 25 45, 19; that I last saw him alive on Oct 25 45, 19; and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Chronic Endocarditis -	?
Due to: Nephritis - (Chronic) -	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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)
(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, public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Griffin J. Simmons M. D. (M. D. or other)
Address: Orrick Mo. Date signed: 10-27-45

14 4C

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-8-45

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 me

, Registered Apprentice No. ,

working under my personal supervision.

Signed J E Broadhurst

Licensed Embalmer No. 2671

P. O. Address Rayville

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.