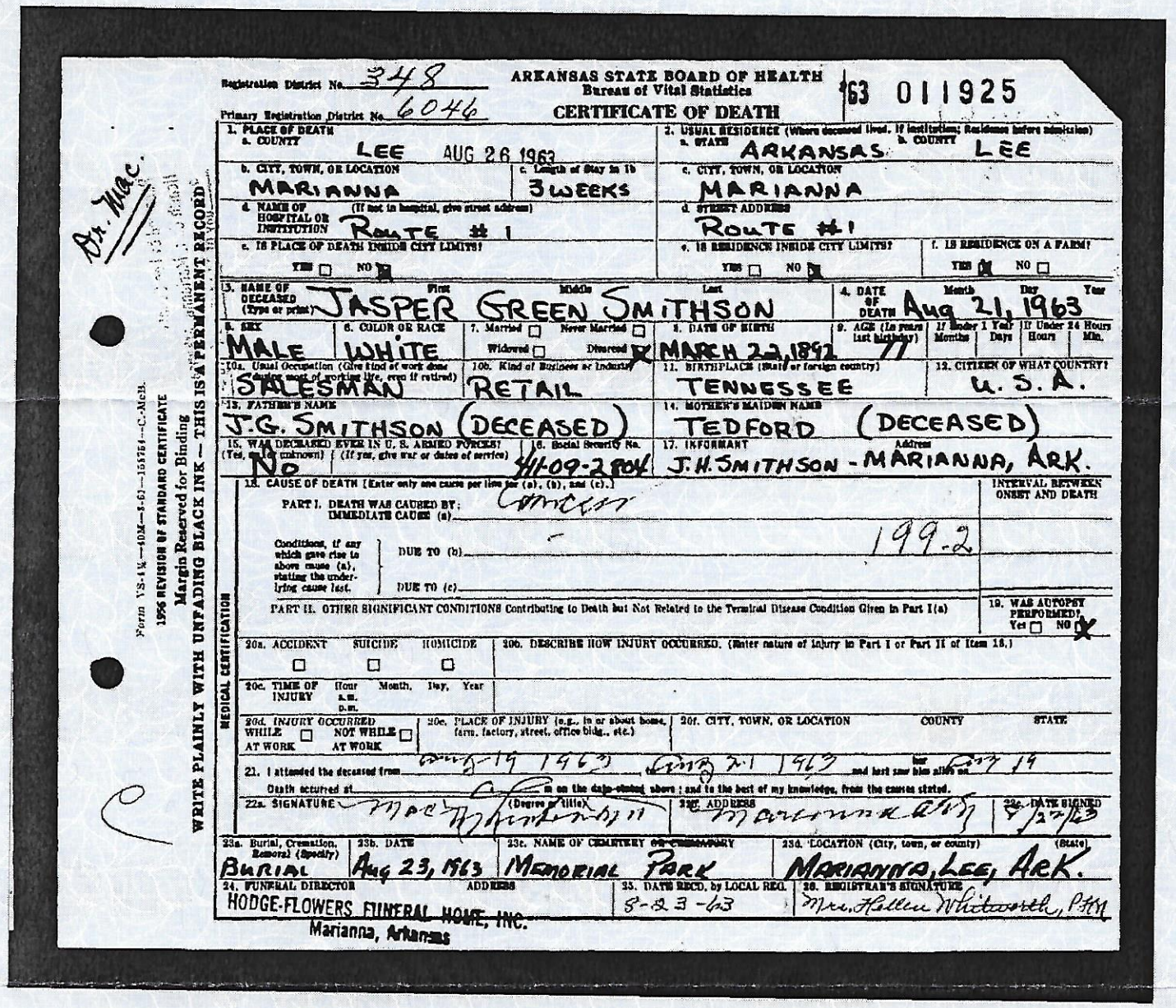
STATE OF ARKANSAS



Registration District No. 348
Primary Registration District No. 6046

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

63 011925

CERTIFICATE OF DEATH

Dr. Mac.

WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD
Margin Reserved for Binding
1956 REVISION OF STANDARD CERTIFICATE
Form VS-4½—40M—8-62—15576½—C.McB.

1. PLACE OF DEATH
a. COUNTY: LEE — AUG 26 1963
b. CITY, TOWN, OR LOCATION: MARIANNA
c. Length of Stay in 1b: 3 WEEKS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): ROUTE #1
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ARKANSAS b. COUNTY: LEE
c. CITY, TOWN, OR LOCATION: MARIANNA
d. STREET ADDRESS: ROUTE #1
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
f. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (Type or print): First JASPER Middle GREEN Last SMITHSON
4. DATE OF DEATH: Month Aug Day 21 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: MARCH 22, 1892
9. AGE (In years last birthday): 71
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.
10a. Usual Occupation (Give kind of work done during most of working life, even if retired): SALESMAN
10b. Kind of Business or Industry: RETAIL
11. BIRTHPLACE (State or foreign country): TENNESSEE
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: J.G. SMITHSON (DECEASED)
14. MOTHER'S MAIDEN NAME: TEDFORD (DECEASED)
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.: 441-09-2804
17. INFORMANT: J.H. SMITHSON Address: MARIANNA, ARK.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CANCER
Conditions, if any which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 199.2
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I(a)

19. WAS AUTOPSY PERFORMED? Yes ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 19 1963 to Aug 21 1963 and last saw him alive on Aug 19
Death occurred at ___ m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Mac McSmithson II (Degree or Title)
22b. ADDRESS: Marianna Ark
22c. DATE SIGNED: 8/27/63

23a. Burial, Cremation, Removal (Specify): BURIAL
23b. DATE: Aug 23, 1963
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
23d. LOCATION (City, town, or county) (State): MARIANNA, LEE, ARK.

24. FUNERAL DIRECTOR ADDRESS: HODGE-FLOWERS FUNERAL HOME, INC. Marianna, Arkansas
25. DATE REC'D. by LOCAL REG.: 8-23-63
26. REGISTRAR'S SIGNATURE: Mrs. Hollen Whitworth, Pstr

ARKANSAS DEPARTMENT OF HEALTH
SEAL
LITTLE ROCK, ARK.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

NOV 08 2019

Shirley Louie · 6687054
Shirley Louie
State Registrar

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