

Registration District No. _____

Primary Registration District No. 4228

Registrar's No. _____

FILED MAR 18 1943

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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community More than 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Dorsey Smith 530

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 Widow

6. (b) Name of husband or wife Thomas Z Smith 6. (c) Age of husband or wife if alive _____ years
June 17, 1864

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Albany Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name F. M. Dorsey
13. Birthplace dont know 9
(City, town, or county) (State or foreign country)
14. Maiden name Fanny Bentley
15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fielding Smith
Willow Springs, Mo.
(b) Address _____

17. (a) Burial (b) Date thereof Feb. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Spgs. cemetery

18. (a) Signature of funeral director _____

(b) Address Willow Springs, Mo.

19. (a) 2-7-40 (b) Madette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1940 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 6
_____, 19____, to Feb 6, 1940;

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____ 78

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

Major findings: Tuberculosis
Of operations of lungs
Of autopsy _____

Duration
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) X

(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, in public place?

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature R H Cannon (M. D. or other) MD

Address Willow Springs Mo Date signed 2-6-40

FEB 11 1947

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 ^{and}.....

Thomas R. Burns, Jr.

Registered Apprentice No. 251

working under my personal supervision

RECEIVED

District Health Officer No. 5

District File Number 240305

Date Filed 31240

Signed *J. C. Burns*

Licensed Embalmer No. 3379

P. O. Address *Willow Spring, Va*

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, above space should be left blank.