

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

Registration District No. **347**

Primary Registration District No. **4205**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Blairstown
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 5 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Blairstown
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1940 hour 5:50 minute 50 P.M.
21. I hereby certify that I attended the deceased from September 4, 1939, to May 19, 1940
that I last saw him alive on May 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder Duration 2 yrs.

Due to _____
Due to 51
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, in public place? 312
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature R. J. Powell M.D. or other 3
Address Blairstown, Mo. Date signed 5/20/40

3. (a) PRINT FULL NAME Charles Samuel Smith
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 10 1867
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 9 If less than one day hr. _____ min. _____
9. Birthplace Vermilion Co. Ind. (City, town, or county) (State or foreign country)
10. Usual occupation Stackman

11. Industry or business _____
12. Name William Smith
13. Birthplace unk (City, town, or county) (State or foreign country)
14. Maiden name Fanny Copeland
15. Birthplace Vermilion Co. Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Fannie B. Smith
(b) Address Blairstown Mo.
17. (a) Blairstown (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blairstown
18. (a) Signature of funeral director O. L. ...
(b) Address Chilhowee Mo.
19. (a) 5-25-40 (b) W. J. B. ...
(Date received local registrar) (Registrar's signature)

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~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

O. R. Leach

Licensed Embalmer No.....

2708

P. O. Address.....

Chilhowee, 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.