

SEP 2 1940
Registration District No. 89Primary Registration District No. 5131Registrar's No. 228

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Paplar
 (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

3. (a) PRINT FULL NAME WILLIE SMITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race col 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 21 1946
(Month) (Day) (Year)8. AGE: Years _____ Months 2 Days 6 If less than one day _____ hr. _____ min.9. Birthplace Paplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Smith13. Birthplace Arkansas
(City, town, or county) (State or foreign country)14. Maiden name Miss Hill
(City, town, or county) (State or foreign country)15. Birthplace Miss
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mushale Mullins(b) Address Paplar Bluff Mo17. (a) Burial (b) Date thereof June 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burial18. (a) Signature of funeral director N. P. Phelps(b) Address Paplar Bluff Mo19. (a) 8-20-40 (b) Obertinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
 (c) City or town Paplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. cor. E. Spruce St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1940 hour 7 minute 05 a.m.21. I hereby certify that I attended the deceased from _____, 19____, to June 27, 1940, 19____;
that I last saw him alive on June 27, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Dysentery

Duration

Due to _____

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, in public place? _____

While at work? _____
(Specify type of place) (Means of injury)23. Signature A. W. M. Phelps, M.D. (M. D. or other) M. D.Address Paplar Bluff, Mo. Date signed AUG 28

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.....

Licensed Embalmer No. *3231*

P. O. Address *Caplas Bleeff*

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.