

NOV 15 1940
Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone-Memorial Hospital
(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

3. (a) PRINT FULL NAME F. Lee SMITH INFANT

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 10 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 6 hr. _____ min.

9. Birthplace Carthage, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name F. Lee Smith

13. Birthplace Alba, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha van Natta

15. Birthplace Salt Lake City, Utah
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. Lee Smith

(b) Address Route 2 - Jasper, Mo

17. (a) Burial (b) Date thereof Oct 11 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cemetery

18. (a) Signature of funeral director Kneel M. Estep

(b) Address Carthage, Mo

19. (a) Oct 11, 1940 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 - Jasper
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1940 hour 4:15 am _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 10 - 40
_____, 19____, to Oct 11 - 40, 19____;
that I last saw him alive on Oct 11 - 40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage

Due to Prolonged labor

Due to Premature birth

Other conditions 16 1/2 lbs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? Yes

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

23. Signature Robert K. Bennett, M.D. (M.D. or other) SO
Address Alba, Mo Date signed Oct 11, 40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

Rev. 5-17-39 1 x 10811

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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~~.....

not embalmed....., Registered Apprentice No.....
 working under my personal supervision.

Signed J. W. Kne.....

Licensed Embalmer No. 814.....

P. O. Address Carthage, Mo......

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.