

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Arminington
(c) Name of hospital or institution: State Hospital #4
(d) Length of stay: In hospital or institution 1 year 9 Mos.
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Wesley Smith

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

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 _____

7. Birth date of deceased Nov. 11 1910
(Month) (Day) (Year)

8. AGE: 30 Years 1 Months 22 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Never able to work

11. Industry or business _____

MOTHER FATHER { 12. Name E.F. Smith
13. Birthplace Missouri
14. Maiden name Ophelia Fernodle
15. Birthplace Missouri

16. (a) Informant Pred Smith
(b) Address Gatewood, Mo.

17. (a) Burial (b) Date thereof 1/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gatewood, Mo.

18. (a) Signature of funeral director Black Mortuary
(b) Address Doniphan, Mo.

19. (a) Jan 4-41 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Gatewood
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-17, 1939, to 1-2, 1941;
that I last saw him alive on 1-2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis about 1 yr

Due to _____

Due to _____

Other conditions Idiot
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature J. R. Muehly (M. D. or other) MD.
Address Farmington, Mo. Date signed 1-5-41

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

Paul P. Deane

Licensed Embalmer No.

4120

P. O. Address

Farmington

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.