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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10524

FILED APR 21 1941

Registration District No. 255 Primary Registration District No. 5357 Registrar's No.

1. PLACE OF DEATH:

(a) County Daviess

(b) ~~City or town~~ Rural (Jefferson)
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Weatherby
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Phillip P. Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr (Month) 6 (Day) 1852 (Year)

8. AGE: Years 88 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Rocking Lam VA ~~Penn~~ 1
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Michael Smith
13. Birthplace Unknown (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Smith
(b) Address Weatherby

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/19/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Winston, Mo

18. (a) Signature of funeral director L. R. Houghton
(b) Address Hamilton, Missouri

19. (a) March 18. (Date received local registrar) (b) F. R. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 17th day Mar.
year 1941 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Mar. 17, 1941, to , 19 ;
that I last saw him alive on March 16, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Frank Hedges (M. D. ~~or other~~) 0
Address Pattonsburg Mo Date signed 3/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Haughton, Registered Apprentice No. ..... working under my personal supervision.

Signed L. R. Haughton

Licensed Embalmer No. 3854

P. O. Address Hamilton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.