

FILLED NOV 11 1941
907

Registration District No. _____

Primary Registration District No. 6220

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town RURAL-PIPASANT VALLEY TWP
(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 72-11-24 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town RURAL PIPASANT VALLEY TWP
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1941 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 19 35 to Oct 19 41
~~Oct 19 41~~ to Oct 19 41 1941
that I last saw him alive on Oct 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular heart disease
Myocardial Regeneration
Due to _____
Due to _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 93d
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature W. J. Zimmerman (M. D. or other) Doc
Address more field mo Date signed 10/23/41

3. (a) PRINT FULL NAME SAMUEL LAYFETTE SMITH
3. (b) If veteran, name war N.A.M.P.
3. (c) Social Security No. N.A.N.C.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JULIA SMITH
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased OCT 25 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace MANFIELD MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY SMITH
13. Birthplace NORTH CAROLINA
14. Maiden name MARGARET WHITE
15. Birthplace TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Smith
(b) Address MANFIELD MO

17. (a) BURIAL (b) Date thereof OCT 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HENSLEY GEMETRY

18. (a) Signature of funeral director J. A. Stoff
(b) Address MANFIELD MO

19. (a) OCT 24 1941 (b) J. W. Short
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

4
6
0

RECEIVED.

District Health Officer No. 6,

District File Number 1141-1681

Date Filed NOV 7 1943

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 G.A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield 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, fact should be so stated above.