

Registration District No. **247**

Primary Registration District No. **5344**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
 (a) County **Daviess**  
 (b) City or town **"Rural" Liberty Township**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Daviess County Home**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Yr.**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **David Smith**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Angaline Smith**  
 6. (c) Age of husband or wife if alive **---** years  
 7. Birth date of deceased **February 1 1853**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 10 7** hr. min.

9. Birthplace **Wapalo County Iowa**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_  
 12. Name **Unknown**  
 13. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ed. Smith**  
 (b) Address **Jameson, Mo.**

17. (a) **Burial** (b) Date thereof **12-10-1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Hickory Creek Cemetery**

18. (a) Signature of funeral director **Hope Turn. & Und. Co.**  
 (b) Address **Gallatin, Missouri**

19. (a) **12-16-41** (b) **Wm F F. [Signature]**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Daviess**  
 (c) City or town **Jameson**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **---** (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **---** years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **December** Day **8**  
 year **1941** hour **8** minute **30** P. M.  
 21. I hereby certify that I attended the deceased from **Feb. 1940** to **Dec. 8, 1941**  
 that I last saw him alive on **Dec. 8, 1941**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Bulbar Paralysis** 6 days  
**Due to Atherosclerosis** 10 yrs.  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **g21**  
 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) (e) Means of injury \_\_\_\_\_  
 23. Signature **Thos E. Helwig** (M. D. or other) \_\_\_\_\_  
 Address **Gallatin, Mo.** Date signed **12-9-41**

**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 \_\_\_\_\_

*L. O. Richerson*

Licensed Embalmer No.

*3302*

P. O. Address

*Gallatin, 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.**