

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County DeSoto  
(b) City or town DeSoto  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Keystone Hotel B  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State TEXAS (b) County 999  
(c) City or town MCLEAN  
(If outside city or town limits, write "RURAL") 31  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Leol Smith

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife no record 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased no record (Month) (Day) (Year)

8. AGE: Years about 56 Months ? Days ? If less than one day..... hr. .... min.

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

10. Usual occupation no record

11. Industry or business no record

12. Name no record

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

14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant none

(b) Address.....

17. (a) McClean Texas Date thereof 12-22-41  
(Place, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McClean, Texas

18. (a) Signature of funeral director Arthur H. Kirk Co

(b) Address gopville Mo

19. (a) 12-22-41 (b) Er S Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from.....  
that I last saw h..... and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion  
did suddenly

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations 94a

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) (Means of injury)

23. Signature R. Webster (M. D. or other) Crowner

Address Carthage Mo Date signed Dec 22

41.

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

19  
2  
3

42-1-1144

MAY 13 1964

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 *Steve D Parker*

Licensed Embalmer No. *2548*

P. O. Address *Joplin 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.