

FILED FEB 11 1941
Registration District No. 385

Primary Registration District No. 5336

Registrar's No. _____

46
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town RURAL (Willow Springs, Mo.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 4 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Rural - Willow Springs Township
(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. Citizen years.

3. (a) PRINT FULL NAME FOUNTAIN PERRY SMITH

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 18
year 1941 hour 6 A.M. minute _____ M.

4. Sex M. race N. 5. Color of N.

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Jan. 30 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from sept. 6
~~1941~~ 1941, to oct 6 1941
that I last saw him alive on oct 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

8. AGE: Years Months Days If less than one day

77 8 18 hr. _____ min.

Due to high blood pressure

Due to _____

9: Birthplace Jackson County Tenn.!
(City, town or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation farmer

Major findings: 42A
Of operations _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jonathan Luna Smith

18. Birthplace Jackson County, Tenn.!
(City, town or county) (State or foreign country)

14. Maiden name Mattie Smith

15. Birthplace Clinton County, Ky.!
(City, town or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Otto Smith

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 10-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs City Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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? _____

18. (a) Signature of funeral director J.C. Burns

(b) Address Willow Springs Mo.

19. (a) 10-18-41 (b) Phonette Ferguson
(Date received local registrar) (Registrar's signature)

While at work? NO (Specify type of place) (c) Means of injury _____

23. Signature J. J. Shenoyeth (M. D. or other) _____
Address Willow Springs Mo. Date signed oct 15

RECEIVED

District Health Officer No. 5,

District File Number 14231

Date Filed _____

Not embalmed

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.