

FILED MAR 12 1942 7
Registration District No.

Primary Registration District No. 4403

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Paris, Tenn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs. Darland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME David Badwell 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 divorced

6. (b) Name of husband or wife Nettie

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

7. Birth date of deceased Aug 16 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Wm Henry Smith

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

14. Maiden name Sarah J. Massey

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

16. (a) Informant James A. Smith

(b) Address Ledger Springs Mo

17. (a) Buried (b) Date thereof Feb 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Tenn.

18. (a) Signature of funeral director Wm Lee

(b) Address Paris Mo

19. (a) 2-13-1942 (b) Kellin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dexter Mo

(c) City or town Hazleton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from February 9 1942 to February 12 1942 that I last saw h.f.m. alive on 2-12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to.....

Due to.....

Other conditions 92b
(Include pregnancy within 3 months of death)

Major findings:
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? Yes (Specify type of place) Means of injury Stroke

23. Signature Wm Lee (M. D. or other) W

Address Paris Mo Date signed 2-14-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

31
2
2

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.....

S. L. Myers

Licensed Embalmer No. *3399*

P. O. Address. *Rolla, 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.