

Registration District No. 5-83

Primary Registration District No. 5-781A

Registrar's No. 41

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JEFFERSON (W)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 MI. E OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 2 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 7 MI. E OF PARIS, MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM EUGENE SMITH

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

4. Sex MAL 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JUNE 19, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

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

10. Usual occupation NONE

11. Industry or business.....

12. Name CLARENCE NATHAN SMITH

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

14. Maiden name MARY B PAINTER

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

16. (a) Informant S. G. Shelton
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof JUNE 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PRESANT HILL

18. (a) Signature of funeral director.....
(b) Address NONE

19. (a) 6-21-42 (b) E. H. Agnew
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month JUNE day 21
year 1942 hour 12 NOON minute..... M.

21. I hereby certify that I attended the deceased from 6-19-42
4-2 to 6-21-42
that I last saw him alive on 6-21-42
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Unknown - Possibly intracranial hemorrhage - 2 days

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 1600

Major findings:
Of operations.....

Of autopsy None

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 F. A. Barnett (M. D. MP)
Address PARIS, MO. Date signed 6-21-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

59
00

68
0
0

RECEIVED

District Health Officer No. 10

District File Number 7-42-1494

Date Filed JUL 2-2-1942

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

NOT EMBALMED

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, fact should be so stated above.