

1. PLACE OF DEATH:

(a) County Junkin
(b) City or town Hornersville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at home place
(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

3. (a) PRINT FULL NAME Bobby Joe Smith

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

4. Sex Male 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 _____

7. Birth date of deceased July 3 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Mariene Smith
13. Birthplace Jundee Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Loretta Spillman
15. Birthplace Knox County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Smith
(b) Address Hornersville, Mo.

17. (a) Burial (b) Date thereof July 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horners cemetery, Hornersville, Mo.

18. (a) Signature of funeral director NONE

(b) Address _____

19. (a) 8-1-42 (b) Shinden/B Rudins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Junkin
(c) City or town Hornersville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 3, 1942
9:30 A.M. 1942 to July 3, 1942 1942
that I last saw him alive on July 3, 1942 - 10:30 A.M.
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Prematurity

Due to _____

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

Major findings: Of operations 159

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) (b) Means of injury _____

23. Signature J. L. Poplout (M.D. or other) _____

Address Hornersville, Mo. Date signed 7/1/42

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

0050

380

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 842-990

Date Filed 8-6-42

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, fact should be so stated above.