

FILED JAN -6 1943
733

Registration District No.

Primary Registration District No. 5484

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Mc Fall, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Butler Turn 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 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

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

(d) Street No. Butler Turn
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nettie May Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1942 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

6. (b) Name of husband or wife J. E. Smith (decd) 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Jan 21 1870
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 11 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death apoplexy

9. Birthplace Gentry Co Mo. 0
(City, town or county) (State or foreign country)

Due to Cancer of Head

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Jack York

13. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations 53

14. Maiden name Sarah Burns

15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant Mr Charles Hall

(b) Address Mc Fall Mo

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) new Hope (b) Date thereof 12-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new Hope

(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 A. S. Brown

(b) Address Pattonsburg Mo

19. (a) 12/30/42 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury car

23. Signature Joe E. Wheeler Colonel
(If D. another)
Address Pattonsburg Mo Date signed 12-28

303

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

Burial

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1911

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 G. S. Brown

Licensed Embalmer No. 2857

P. O. Address Pattersonburg 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.