V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3005

FILED FEB 13 1943

Registration District No. 23 Primary Registration District No. 5867 Registrar's No.

75
0
0

1. PLACE OF DEATH:

(a) County Oregon

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer (Rural) 0
(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 0

3. (a) PRINT FULL NAME William 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 Divorced

6. (b) Name of husband or wife Ida Lee Smith

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1873 (Year)

8. AGE: Years 69 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Indianapolis (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. William Smith
(b) Address Mammoth Spring, Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Lee Carr
(b) Address Thayer, Mo.

19. (a) 1-8-43 (Date received local registrar) (b) Ida D. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 1942 to Dec. 8 1942 that I last saw him alive on Dec. 8 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. B. Hull (M. D. or other)
Address Mammoth Spring, Ark. Date signed 1/5/43

1112 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 243203
Date Filed 2-10-43

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.