

ED FEB 8 1943

Registration District No. 368

Primary Registration District No. 6248

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Jump

(If not in hospital or institution, write street number or location)

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

In this community 25 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Jim Smith

8. (b) If veteran, 1 name war _____ 3. (c) Social Security No. 1

5. Color or Race W 6. (a) Single, widowed, married, Divorced Single

4. Sex Male 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 12y 23 1965
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tiff Miner

11. Industry or business Unknown

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Govill Sparrow

(b) Address Richwoods Mo.

17. (a) Burial (b) Date thereof Jan. 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris Cemetery

18. (a) Signature of funeral director Paul Kitchell Terminal

(b) Address Richwoods Mo.

19. (a) 1-19-1943 (b) L. B. Ferrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Richwoods - Rural
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 1943
year 1943 hour 4 minute 30 P. M.

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

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

Immediate cause of death Myocarditis Duration _____

Due to Seizure 1

Due to 93e

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 Jan 19 1943

(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? near home of Govill Sparrow home

While at work? yes (Specify type of place) (e) Means of injury 2

23. Signature L. B. Ferrell Corner Walcott Co. (M. D. or other)

Address Putnam Date signed 1-19-43

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

RECEIVED

District Health Officer No. 4

District File Number 243-168

Date Filed 2-5-43

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 Sheppard Mitchell

Licensed Embalmer No. 3573

P. O. Address St. Clair, 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, above space should be left blank.