S. No. 2
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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

14471

State File No.

FILED MAY 7 1943

Registration District No. 142 Primary Registration District No. 5-5-5-6 4231 Registrar's No. 5-5

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Mountain View Mo. 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 Luther N. Smatherman

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widower

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

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

8. AGE: Years 83. Months Days If less than one day hr. min.

9. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name A. Smatherman
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cooper
15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Paul Smatherman
(b) Address Mountain View Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director John F. Almeen
(b) Address Mtn View Mo.

19. (a) 4/30/43 (Date received local registrar) (b) Ruth Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1943 hour 4 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 21, 1942, to April 26, 1943 that I last saw him alive on April 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to High Blood Pressure

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 8 3 a

Of autopsy

Duration

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 T. E. Ferrell (M. D. or other)
Address Mtn View Mo. Date signed 4-29-43

(Licensed Embalmer's Statement on Reverse Side)

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 John F. L'Mean

Licensed Embalmer No. 2516.

P. O. Address Mt. View 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.