. S. No. 2
M—9-4-41
5-17-39
I X29

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17325

FILED JUN 15 1943

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Benton, Cole Township

(b) City or town Rural
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

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

(d) Street No. Edmonson 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Henry Smith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced /married

6. (b) Name of husband or wife Mary Eliza Swearingin

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February (Month) 7 (Day) 1875 (Year)

8. AGE: Years 68 Months 3 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Benton Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Smith
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Estes
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Henry W. Smith
(b) Address Rt. 3 / Warsaw Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 18, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.

19. (a) May 19-1943 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

1371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from May 1st, 1943, to 5-15, 1943; that I last saw him alive on May 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Intestines

Due to

Due to

Other conditions 46e
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 [signature] 0 (M. D. ~~other~~)

Address Warsaw Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 5-43-509
Date Filed 6-11-43

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. 3053

P. O. Address Warsaw 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.