No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 17911

Registrar's No. 390

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 128 days (Specify whether years, months or days)
In this community 128 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma (b) County: Cleveland
(c) City or town: Norman
(If outside city or town limits, write "RURAL")
(d) Street No.: Rt. #5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: J. W. (Initials only) SMITH
3. (b) If veteran, name war: WW2
3. (c) Social Security No.: 446-01-7285
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: X X years
7. Birth date of deceased: February (Month) 13, (Day) 1919 (Year)

8. AGE: Years 24 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace: Norman (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Farm

MOTHER FATHER
12. Name: Rufus F. Smith
13. Birthplace: West Plains, Missouri (City, town, or county) (~~Rural~~) (State or foreign country)
14. Maiden name: Lillie Belle Lovett
15. Birthplace: Ardmore (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant: Mrs. Lillie B. Smith
(b) Address: Rt. 5, Norman, Oklahoma
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Norman, Oklahoma
18. (a) Signature of funeral director: [illegible]
(b) Address: Springfield Mo.
19. (a) 5-12-43 (Date received local registrar) (b) D. M. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 8 minute 24 A.M.
21. I hereby certify that I attended the deceased from January 3, 1943, to May 11, 1943, that I last saw him alive on May 11, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction, [illegible]	7 wks. (?)
Due to: Acute difuse peritonitis	1 mo.
Due to: Acute superative appendicitis	9 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Appendectomy, Exploratory laparotomy
Of autopsy: Confirmation of above diagnosis.

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: Ralph R. Ross (M. D. ~~or other~~)
Address: O'Reilly General Hospital, Springfield, Mo. Date signed 5/11/43

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1947

JAN 28 1947

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. Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.