

**FILED JUN 15 1943**

Registration District No. **26101**

Primary Registration District No. **4764202**

Registrar's No. **22**

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

40  
0  
0

**1. PLACE OF DEATH:**

(a) County Grundy

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community 65-5-10 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** William Jennings 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 married

6. (b) Name of husband or wife Margaret Smith 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept 21 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>10</u>	____ hr. ____ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name John Smith

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

14. Maiden name Judith Crockett

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

16. (a) Informant Margaret Smith

(b) Address Spickard Mo

17. (a) Burial (b) Date thereof Mar 3 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bosworth Cem. Spickard Mo

18. (a) Signature of funeral director Schooler's funeral Home

(b) Address Spickard Mo.

19. (a) \_\_\_\_\_ (b) John Carl Keith  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Grundy 40

(c) City or town Spickard 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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 1  
year 1943 hour 5 minute 45 p.M.

21. I hereby certify that I attended the deceased from Sept 27 1942 to March 1 1943 that I last saw him live on March 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion 3 days  
Duration

Due to Chronic heart myocarditis 3 mo.

Due to \_\_\_\_\_

Other conditions 93d  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature C. G. McClanahan M.D. or other med.

Address Spickard, Mo. Date signed Mar 18

(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.....

*Ross Wise*

Licensed Embalmer No.....

3971

P. O. Address.....

*Spickard St*

**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.**