S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22260

Registration District No. 1

Primary Registration District No. 6033

Registrar's No. 1906

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Rural (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 78 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME John W. Smith

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 8. (Day) 1853 (Year)

8. AGE: Years 90 | Months 3 | Days 3 | If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Dick Smith
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fred Smith

(b) Address Fucker Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Smithson Cemt.

18. (a) Signature of funeral director Blacker Mortuary

(b) Address Doniphan Mo.

19. (a) 6/14/43 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from on 6-11-, 1943, to , 19 ; that I last saw him alive on 6-11-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	
Due to Auricular Fibrillation and Arterial Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92d	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Edw. Adamson (M.D. or other) 0

Address Doniphan, Mo Date signed 6-14-43

674

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 743428
Date Filed 7-9-43

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. Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark.

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.