No. 2
M—2-43
5-17-39
1 X3567

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31338

Registration District No. 47 Primary Registration District No. 3169 Registrar's No. 316

1. PLACE OF DEATH:

(a) County: Callaway
(b) City or town: 4 Mi. S.W. of Williamsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mineral Mill Prairie Burg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 32 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway
(c) City or town: Williamsburg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: George Law Smith
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mildred Smith
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Dec (Month) 22 (Day) 1854 (Year)
8. AGE: Years 88 Months 9 Days 6 If less than one day ____ hr. ____ min.
9. Birthplace: Readsville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: ____
12. FATHER Name: Haynes Smith
13. FATHER Birthplace: Va. (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Mary Kemp
15. MOTHER Birthplace: Va. (City, town, or county) (State or foreign country)
16. (a) Informant: Burton Smith
(b) Address: Williamsburg, Mo. RF.D. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Crane Cem. Mineola,
18. (a) Signature of funeral director: Lee G. Wallace
(b) Address: Fulton, Mo.
19. (a) 9-30-1943 (Date received local registrar) (b) Joan Mossinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1943 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from August 16, 1943 to Sept 28, 1943 that I last saw him alive on August 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: 92 F

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) MO.
(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: A. B. Nichols (M. D. or other)
Address: Carrowade Mo Date signed: 9-29-43

1047

(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, [redacted] .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed ..... Elbert E. Hibler

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.