

Registration District No. 74

Primary Registration District No. 5345

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Rural; Sao Twshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles W. of Dadeville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles W. of Dadeville
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lincoln 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 married

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

7. Birth date of deceased October 3 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 10 hr. min.

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

10. Usual occupation Farmer
11. Industry or business Agriculture

MOTHER FATHER { 12. Name James Smith
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ann Douglass
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Smith
(b) Address Greenfield, Mo Rt. # 1
17. (a) Burial (b) Date thereof 7-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Corry Cemetery

18. (a) Signature of funeral director _____
(b) Address Greenfield, Mo.

19. (a) July 15 1943 (b) Royce J. Farby
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 11 minut 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to July 13, 1943
that I last saw him alive on July 13, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 1 yr

Due to Senility

Due to Uremia 10 days

Other conditions Dilated Heart 2 yr
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy none B B Kirby
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 B B Kirby (M. D. or other) _____
Address Dadeville Date signed 7/20 43

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

MOTHER FATHER

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FILED NOV 12 1943

1348

RECEIVED

District Health Officer No. 6,

District File Number 1143-1211

Date Filed NOV 10 1943

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. 4099

P. O. Address.....

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.