

Registration District No. 103

Primary Registration District No. 5417 4175

1. PLACE OF DEATH:

(a) County Dunklin  
 (b) City or town Harnersville, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 5 years (Specify whether)  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin  
 (c) City or town Harnersville, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1  
 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Oct 2  
1943 to Nov 1 1943  
 that I last saw him alive on Oct 31 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death was  
Chronic nephritis (?)  
and organic  
heart disease

Duration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 131 f

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Van H Bond (M. D. or other) \_\_\_\_\_  
 Address Harnersville Mo. Date signed 11-1-43

3. (a) PRINT FULL NAME Shade M. Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 25 1955  
 (Month) (Day) (Year)

8. AGE: Years 88 Months \_\_\_\_\_ Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Furniture builder

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

12. Name John P. Smith  
 13. Birthplace Unknown 7  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
 15. Birthplace Unknown 7  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lula Weaver  
 (b) Address Harnersville, Rt 1.

17. (a) Burial (b) Date thereof Nov. 2 - 1943  
 (Burial, cremation, or entombment) (Month) (Day) (Year)  
 (c) Place: burial or cremation Harnersville Cemetery

18. (a) Signature of funeral director Lloyd Russell  
 (b) Address Priggett, Ark.

19. (a) 10-4-43 (b) Shade M. Smith  
 (Date received local registrar) (Registrar's signature)

1201 (Licensed Embalmer's Statement on Reverse Side)

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

3500

NOV 17 1943

RECEIVED

District Health Office No. 2

District File Number 1143-1410

Date Filed 11-11-43

**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.....

Licensed Embalmer No.....

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.**