

FILED JAN 10 1944
Registration District No. 137

Primary Registration District No. 3023

State File No. _____

Registrar's No. 233

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(c) Name of hospital or institution:
Home 108 Henry St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Franklin F. 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 W. 2

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

7. Birth date of deceased Aug 14 - 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Thomas O Smith

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

14. Maiden name Mary Weedin

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

16. (a) Informant Mabel Brown
(b) Address Clinton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-43
(Month) (Day) (Year)

(c) Place: burial or cremation Spore + Son

18. (a) Signature of funeral director Spore + Son
(b) Address Clinton MO

19. (a) Dec. 24 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Clinton MO
(If outside city or town limits, write "RURAL")
(d) Street No. 108 W. Henry
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1943 hour 9 PM minute _____ M.

21. I hereby certify that I attended the deceased from Post 506
Jan 19 to Dec 24 1943
that I last saw him alive on 11-30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uræmia

Due to Cardio-vascular Renal Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/31a

Major findings: Of operations _____
Of autopsy None

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)
(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 Ed. C. Peeler
Address Clinton MO Date signed 12/24/43

NOV 15 1946

RECEIVED

District Health Officer No. _____

District File Number 12-43-1444

Date Filed 1-6-49

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed W. Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton 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.