DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3990

FILED FEB 8 1944

Registration District No. 283 Primary Registration District No. 5976 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Walnut Grove Rural R1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Jackson Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 26 years - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk 84

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

(d) Street No. Walnut Grove R1 0
(If rural, give location)

(e) Citizen of foreign country? nil (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Winter A. Smith -

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 26 (Day) 1871 (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Simpson Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farmer — Carpenter

11. Industry or business

FATHER
12. Name William R. Smith
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Amanda V. Wheeler
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ben D. Smith
(b) Address Pamuska Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Gene A. Brim
(b) Address Walnut Grove, Mo.

19. (a) 1-9-1944 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1944 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 12, 1943, to Jan 7, 1944;
that I last saw him alive on Jan 7, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart attack from weakness, & Inflammation of Bladder

Due to Injured by Horse Dec 12-43 & Been in failing health over a year due to Heart trouble

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) 084
(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. L. Barber MD (M.D. or other)
Address Walnut Grove Date 1-9-44

1198 (Licensed Embalmer's Statement on Reverse Side)

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

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 J. W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. EB

Registration District No. 285 Primary Registration District No. 5976 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Winter A. 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 5

6. (b) Name of husband or wife

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

7. Birth date of deceased June 26 1878
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1944 hour minute M.

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

Immediate cause of death ✓

Due to Been in poor health for about a year, with Heart trouble

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

175 p. 8

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 Dec 12-1943

(c) Where did injury occur? Polk (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm, horse ran over him, as he tried to keep horse in barn
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. Barber M.D. (M. D. or other)

Address Mount Grove, Mo Date signed 2-10-44

SUPPLEMENTARY

3990