

FILED APR 10 1944

Registration District No. **287**

Primary Registration District No. **4386**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **Oregon**
(b) City or town **Thayer**
(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 **45 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon** **75**
(c) City or town **Thayer**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **John W. Smith**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

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

7. Birth date of deceased **(Unknown)** 1864
(Month) (Day) (Year)

8. AGE: Years **80** Months _____ Days _____ If less than one day hr. _____ min.

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

10. Usual occupation **Retired Clerk**

11. Industry or business

12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myra McLolland**
(b) Address **Thayer, Mo.**

17. (a) **Burial** (b) Date thereof **2/24/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Thayer Cem.**

18. (a) Signature of funeral director **Leo Darr**
(b) Address **Thayer, Mo.**

19. (a) **3-10-44** (b) **Jae W. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23**
year **1944** hour **12** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Feb 17**
19**44** to **Feb 23** 19**44**
that I last saw ~~her~~ alive on **Feb 22** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Secondary Pneumonia**
Days corditis

Due to **Senility**

Due to _____
Other conditions (include pregnancy within 3 months of death) **93: 21**

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 **W. Williams** (M. D. or other) **W. Williams**
Address **Thayer, Mo.** Date signed **3-7-44**
Craper

1112

RECEIVED

District Health Officer No. 5,
District File Number 444238
Date Filed 4-8-44

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.