

FILED JUL 7 1944

State File No.

Registration District No. 32

Primary Registration District No. 5110

Registrar's No. 42

1043

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Grassy Rural Fillmore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fillmore Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community several yrs.
years, months or days)

3. (a) PRINT FULL NAME JOHN HENRY SMITH

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife husband 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Feb 24 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 24 If less than one day hr. min.

9. Birthplace: Madison Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name John J. Smith

13. Birthplace Bollinger Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith (Beas)

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

16. (a) Informant Barbara V. Smith

(b) Address Grassy, MO

17. (a) Burial (b) Date thereof 6-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Kee Chapel

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address Lutesville, MO

19. (a) 7/1/44 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Grassy 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19th
year 1944 hour 11:00 minute 39 P. M.

21. I hereby certify that I attended the deceased from 6/1/44
to 6/19/44, 1944, to 6/19/44, 1944;

that I last saw him alive on 6/19/44, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia
Due to Cerebral Thrombosis

Due to 828
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 828
Of autopsy 828

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 9

23. Signature John J. Meyer, M.D. (M. D. or other):
Address Grassy, MO Date signed 7/1/44

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

700

7065

RECEIVED

District Health Officer No. 4
District File Number 244-4030
Date Filed 2-6-44

original is in District 7

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttsville, 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.