S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 133

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27823

Primary Registration District No. 5489

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Hannon

(b) City or town Gilman City Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sugar Creek Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 73 - 1 - 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Hannon 41

(c) City or town Gilman City Mo Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Sugar Creek Twp
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM LEWIS 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 Widow 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased June (Month) 27 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	2	..... hr. ..... min.

9. Birthplace Gilman City Mo Rural 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Daniel Smith
13. Birthplace Marshal Town Ind 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie A Price
15. Birthplace Hunnington Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Nighswonger
(b) Address Gilman City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cemetery

18. (a) Signature of funeral director W D Hamer
(b) Address Gilman City Mo

19. (a) Aug 31-44 (Date received local registrar) (b) Zola M. Burrus (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 29
year 1944 hour 11 minute 50 M.

21. I hereby certify that I attended the deceased from Feb, 1944 to July, 1944, that I last saw him alive on July 27, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auto dilatation of heart	10 min
Due to Decompensation of heart	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

95 c4

Major findings:
Of operations .....
Of autopsy .....

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? (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature W L Warren (M. D. or other)

Address Gilman City Mo Date signed Aug 31/44

(Licensed Embalmer's Statement on Reverse Side)

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 W. D. Haines, Registered Apprentice No. ....., working under my personal supervision.

Signed W. D. Haines

Licensed Embalmer No. 942

P.O. Address Gilman City, 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.