

S. No. 2  
M-43  
y. 5-17-39  
I X36671

FILED OCT 19 1944  
Registration District No. **1944**

Primary Registration District No. **2007**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lucy Lee Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 1/2 mo. 4 day**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**

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

(d) Street No. **Route 2**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Joseph 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 **Single**

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

7. Birth date of deceased **May 16, 1944**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
-		3	18	hr. min.

9. Birthplace **Poplar Bluff Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **William Alfred Smith**

13. Birthplace **Hendrickson, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Freda Johnson**

15. Birthplace **Tiff Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. A. Smith**

(b) Address **Rt. 2, Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **9-6-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **Greer Croy**

(b) Address **Poplar Bluff, Missouri**

19. (a) **9-12-44** (b) **Belle Linn**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4**  
year **1944** hour **7** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Aug 30** to **Sept 4**  
that I last saw him alive on **Sept 7** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Unknown**

Due to **Rickets, Adenitization**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **70**

Of autopsy \_\_\_\_\_

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 **A. D. Martel M. D.** (M. D. or other)

Address **Poplar Bluff, Mo.** Date signed **9-8-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 30 1944

SEP 18 1945

RECEIVED

District Health Office No. 2,

District File Number 1044-1373

Date Filed 10-12-44

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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.**