

FILED NOV 8 1944

Registration District No. 1218

Primary Registration District No. 5466

Registrar's No. 853

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: OZARK Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2
(Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wright 114

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

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

(e) Citizen of foreign country?

If yes, name country:

3. (a) PRINT FULL NAME: CLAY PENCE ALLEN 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: Single

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: Oct. 26, 1944
(Month) (Day) (Year)

8. AGE: Years: 0 Months: 0 Days: 20 If less than one day: hr. min.

9. Birthplace: Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

MOTHER FATHER { 12. Name: Clarence Smith

13. Birthplace: Seymour Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Betty June Spence

15. Birthplace: Mansfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: EVERETT SPENCE

(b) Address: Mansfield, Missouri

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: Oct 28, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation: Mansfield, Mo.

18. (a) Signature of funeral director: F. H. Steffe

(b) Address: Mansfield, Mo.

19. (a) 10-28-44 (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 28 year: 1944 hour: 2:30 minute: A M.

21. I hereby certify that I attended the deceased from Oct 26 1944 to Oct 28 1944

that I last saw him alive on Oct 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Fatal Bronchitis Duration: 1 day

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

PHYSICIAN

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: [Signature] (M. D. or other) Dr.

Address: Mansfield, Mo. Date signed: 10-28-44

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

39
0
0

987

12

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.

X