

FILED NOV 8 1944

Registration District No. 139

Primary Registration District No. 4221

Registrar's No. 73

44
1
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Mound City
(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) 1

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Mound City, 1
(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 Clabourn H. 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, 2 divorced widowed

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

7. Birth date of deceased Feb. 22 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>13</u>	hr. _____ min.

9. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business _____

12. Name Christian Smith

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hays

15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Swymeler

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 10/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boyd Cemetery

18. (a) Signature of funeral director Thomas H. Pittzold

(b) Address Oregon Mo

19. (a) Oct 7, 1944 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1944 hour 6 minute _____ AM.

21. I hereby certify that I attended the deceased from July 16, 1944 to Oct 5, 1944
that I last saw him alive on Oct 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis several
years

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F E Hogan (M. D. or other) _____

Address Mound City Mo Date signed 10-6-44

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

James H. Pittyol

Licensed Embalmer No. *3192*

P. O. Address. *Oregon 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.