

FILED MAR 10 1945
Registration District No. _____

Primary Registration District No. 3019

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35

(c) City or town Kennett, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 408 Kennett Street 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Isaac L. Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 2
year 1945 hour 10:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb. 2 1945 to Feb. 2 1945
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Minnie B. Smith

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Dec. 30, 1859
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to hypertension

Due to Chronic Nephritis

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

Duration 1 hr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>85</u> | <u>1</u> | <u>21</u> | hr. _____ min. _____ |

9. Birthplace: Marion - Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Barber

MOTHER FATHER

12. Name UNKNOWN

13. Birthplace Unknown - Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Hughie Oakes

(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof Feb. 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Paul Salmons

(b) Address Kennett, Mo.

19. (a) 2-6-45 (b) Isaac L. Smith
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

12/1

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)

23. Signature D. R. H. Kohler DO.
(M. D. or other)

Address Kennett Mo. Date signed 2-3-45

MAR 12 1945

RECEIVED

District Health Office No. 2

District File Number 345-361

Date Filed 3-8-45

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, Balmore

Licensed Embalmer No. 2556-

P. O. Address. Kennett, 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.