

FILED JUN 11 1945

Registration District No. 371

Primary Registration District No. 67561-4542

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rogeraville, W. Benton Twp.
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME George Bouldin 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 Married

6. (b) Name of husband or wife Opheleia 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 20 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Greene Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Leonard Smith

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Opheleia Smith

(b) Address Rogeraville Mo

17. (a) Burial (b) Date thereof Mar 4 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Panther Valley Cem

18. (a) Signature of funeral director Kelley Ferrell

(b) Address Rogeraville Mo

19. (a) May 2 - 1945 (b) Sessie O. Beards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rogeraville, W. Benton
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1945 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 15 1944 to March 1 1945
that I last saw him alive on March 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to Cerebral Hemorrhage

Due to _____

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

Major findings: Of operations _____

Of autopsy gsw

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 D. R. Reese (M. D. or other) D.O.
Address Perpinner, Mo Date signed 3/2/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number 645-678
Date Filed JUN 8 1945

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 *H. K. Kelley*
Licensed Embalmer No. *3334*
P. O. Address *Raymond 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.