

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. 33976

Registration District No. 157

Primary Registration District No. 5588

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Sarcoxie Twnshp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Reeds, Mo. Route 1 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 years
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Reeds, Mo. Route 1 0
(If rural, give location)

(e) Citizen of foreign country? no 0
(Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Isaac Smith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Lucreta Keen Smith

6. (c) Age of husband or wife if alive. 1863 years

7. Birth date of deceased January 9 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	23	hr. min.

9. Birthplace Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Washington Smith

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

14. Maiden name unknown

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

16. (a) Informant Mrs. L. D. Schmidly

(b) Address Route 1, Reeds, Mo.

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

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 10-9-45 (b) L.B. Blanton, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1945 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 1942 to Oct 2 1945;
that I last saw him alive on Oct 2 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. valvular heart disease
arterial fibrillation

Duration

1 yr

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 Geo. H. Bingham (M. D. or other) MD
Address Reeds Mo. Date signed 10/3/45

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

1458

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.....

Emm L. Snell

Licensed Embalmer No.....

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P. O. Address.....

Carthage 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.