

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 139

Primary Registration District No. 2530

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Rural 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 58 years. (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Rural Benton Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) No.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William 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, divorced Married
6. (b) Name of husband or wife Selma Smith. 6. (c) Age of husband or wife if alive 55 yrs. years
7. Birth date of deceased March 5th, 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Holt County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER } 12. Name John W. Smith.
13. Birthplace Ind. /
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wilson.
15. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Smith
(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 12/23/45.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Mound City, Mo.

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1945. hour I minute 10 AM.

21. I hereby certify that I attended the deceased from Dec 10
45 to Dec 17 1945
that I last saw my alive on Dec 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 2 day
Duration _____
Due to acute nephritis and myocarditis

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

Major findings: Of operations _____
Of autopsy 10

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Mound City Date signed 12-21-45

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

DEC 10 1947

JAN 16 1946

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 *J. H. Crawford*
Licensed Embalmer No. 1824
P. O. Address Manassas City, MD

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.