

S. No. 2
M-5-42
7. 5-17-39
X328

FILED JAN 28 1946

Primary Registration District No. 4174

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Cardwell
(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 James Eli Smith

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March, 25, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 5 26 hr. min.

9. Birthplace Batesville, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name Rufus Smith

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

14. Maiden name Maggie Sherrill

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

16. (a) Informant Lena Smith
(b) Address.....

17. (a) (b) Date thereof Sept. 23, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macy cemetery

18. (a) Signature of funeral director A. J. Emerson

(b) Address 202 N. 2nd St. Paragould Ark.

(c) 10-4-45 (Date received local registrar) E. Harrison (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Green
(c) City or town Paragould Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1945 hour 10 o'clock minute M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Neck

Accident

Due to Turned over 41 - V 8 Truck

which he was driving high

Due to speed hitting another truck

in the rear glancing off in a

ditch

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

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9-20-1945
(c) Where did injury occur? Cardwell Dunklin Mo
(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) Neck
(r) Means of injury Broken

23. Signature Walter A. Harrison (M.D. or other)
Address Paragould Ark Date signed 9-21-45

999
5
0
20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1700.8
2.2

35

RECEIVED
District Health Office No. 24
District File Number 146-123
Date Filed 1-18-46

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.....

did not embalm in Missouri, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.