

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6512**
Registrar's No. **63**

Registration District No. **218**

Primary Registration District No. **4330**

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2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 34 years

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie, Mo.
(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 _____

3. (a) PRINT FULL NAME William Herbert Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1946 hour _____ minute _____ M.

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

6. (b) Name of husband or wife Isthe Smith 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 7, 1874
(Month) (Day) (Year)

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 410 Ma gunshot wound in right temple

8. AGE: Years 71 Months 4 Days 3 If less than one day _____ hr. _____ min.

Due to _____

Due to Self inflicted

9. Birthplace Benton Co. Tenn.
(City, town, or county) (State or foreign country)

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

10. Usual occupation High way employed

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name George Smith

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

14. Maiden name Walter Wiseman

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

16. (a) Informant Mrs. Isthe Smith

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 2/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Wm. Shelby

(b) Address East Prairie, Mo.

19. (a) 3-5-46 (b) Hertude G. Harper
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 2-9-1946

(c) Where did injury occur? East Prairie Miss Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Garage at rear of dwelling
(Specify type of place) (e) Means of injury Shot

23. Signature Wm. Shelby (Name of other) _____
Address Charleston, Mo Date signed 2-9-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Office No. 2

District File Number 346-381

Date Filed 3/13/46

OCT 21 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 James Kelly

Licensed Embalmer No. 2226

P. O. Address East Prairie, 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.