

No. 1-5-43
5-17-39
I X38671

FILED JUN 4 1946
Registration District No. **27**

Primary Registration District No. **3003**

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

1. PLACE OF DEATH: **Bates**

(a) County **Butler Missouri**

(b) City or town **Butler Missouri**
(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 **26 years** (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates** **7**

(c) City or town **Butler** **1**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No) **5**
If yes, name country _____

3. (a) PRINT FULL NAME **George W. Smith**

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

4. Sex **male** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Matthe Smith** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Dec. 16th 1877**
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **22** If less than one day _____ hr. _____ min.

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

10. Usual occupation **laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charley Smith**

13. Birthplace **no record** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Amanda**

15. Birthplace **no record** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Etta Wright** **1**

(b) Address **Butler Missouri**

17. (a) **Burial** (b) Date thereof **May 11/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakhill Cemetery**

18. (a) Signature of funeral director **Booth Funeral Home**

(b) Address **Butler Mo**

19. (a) **May 8-46** (b) **Rendall Percy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1946** hour **9** minute **15A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ **myocarditis** _____

Duration _____

Due to _____

Due to _____

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

Major cause of operations **no medical attendance**

Of autopsy **no** **932**

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)

Means of injury **3**

23. Signature **John G. Chiles** (M. D. or other) **Cooney**

Address **Butler Mo** Date signed **5/8/46**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address. Butler 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.