

**FILED** AUG 1 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 52

Primary Registration District No. 6296

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural (Kibler, Mo)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: near White Water Mo  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir

(c) City or town Rural (Kibler, Mo)  
(If outside city or town limits, write "RURAL")

(d) Street No. White Water Mo R.F.D.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER H. SMITH

3. (b) If veteran, name war World War #2

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 16 1920  
(Month) (Day) (Year)

8. AGE: Years 26 Months 1 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace White Water Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter H. Smith Sr.

13. Birthplace Iron County Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Green

15. Birthplace Cape Girardeau E.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Smith

(b) Address White Water Mo

17. (a) Burial (b) Date thereof July 27-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights McComb Mo

18. (a) Signature of funeral director Jackson Mo

(b) Address \_\_\_\_\_

19. (a) 7-23-46 (b) D. S. Suber  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 20 year 1946 hour 2 minute 30 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 Struck by Lightning Duration \_\_\_\_\_

Due to While threshing wheat on a neighbor's farm

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ 192 \_\_\_\_\_

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) Accident 16

(b) Date of occurrence July 20, 1946

(c) Where did injury occur White Water Cape Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm - 2 mi. north of White Water Mo  
(Specify type of place)

While at work? yes (e) Means of injury Lightning

23. Signature Dr. J. F. Sigmond (M. D. or other) \_\_\_\_\_  
Address Jackson Mo Date signed 7/23/46

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

#3

RECEIVED

District Health Officer No. 4

District File Number 746-2387

Date Filed 7-30-46

1946  
AUG 1

APR 18 1947

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 B.A. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.