

S. No. 2  
M-5-43  
v. 5-17-39  
I X3667

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

Registrar's No. 42

**FILED** AUG 19 1946

Registration District No. 11

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution 5 days  
(Specify whether in this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 20 mi SE of Cassville  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: ---

3. (a) PRINT FULL NAME Louanna SMITH

3. (b) If veteran, name war: ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1946 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1946 to July 18, 1946; that I last saw her alive on July 18, 1946; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife E. W. Smith

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 28 1881  
(Month) (Day) (Year)

Immediate cause of death: Uremia Duration 4 das.

8. AGE: Years Months Days If less than one day

61 11 20 --- hr. --- min.

Due to: Cause unknown

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

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

9. Birthplace Howe, Okla.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Wm. Carrol Smith

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

14. Maiden name Sarah Fuiks  
(City, town, or county) (State or foreign country)

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

16. (a) Informant E. W. Smith

(b) Address Rt. #2, Eureka Springs, Ark.

17. (a) Burial (b) Date thereof 7/20/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Forrest, Ark.

18. (a) Signature of funeral director W. C. Koon

(b) Address Cassville, Missouri

19. (a) July 20 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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) (e) Means of injury 0

23. Signature Grace Williams (M. D. or other) \_\_\_\_\_  
Address Cassville, Missouri Date signed 7-19-46

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

RECEIVED

District Health Officer No. 6,

District File Number 846-862

Date Filed AUG 14 1946

---

---

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. C. Canada

Licensed Embalmer No. 4196

P. O. Address Casville, 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.**