

No. 2
12-45
17-39
X47070

FILED SEP 3 1946
Registration District No. 43

Primary Registration District No. 3007

State File No. 282
Registrar's No.

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Robert Francis 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 infant

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 11 1946
(Month) (Day) (Year)

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

4 6 hr. min.

9. Birthplace Parma Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name U. Bon Smith

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

14. Maiden name Imogene Lawrence

15. Birthplace Charter Oak Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernestine Brooks

(b) Address Quin, Missouri

17. (a) Burial (b) Date thereof 8/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quin Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Missouri

19. (a) 8/23/46 (b) R. H. Mustard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Route 1 Quin
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1946 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1:15 PM
August 17 1946 to August 17 7:00 Pm 46
that I last saw h. im alive on Aug 17 46
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Duration _____

Due to _____

Due to _____

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

Major findings: 10

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 name of place)

(c) Means of injury _____

23. Signature R. H. Mustard (M. D. 333)
Address Poplar Bluff Mo. Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 846-1027

Date Filed 8-26-46

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 Wallace N. Fitch
Licensed Embalmer No. 3559
P. O. Address Poplar Bluff, 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.