

FILED AUG 19 1946

Registration District No. 2/18

Primary Registration District No. 4330

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 1
(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 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 MURAL SMOTHERS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9, 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. _____ min.

9. Birthplace East Prairie, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Verne Smothers
13. Birthplace Corning, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Bella Shaver
15. Birthplace Mt. Vernon, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Verne Smothers

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 5-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.P.W.

18. (a) Signature of general director David Shelby

(b) Address East Prairie, Mo.

19. (a) 8-5-46 (b) Bertrude H. Harper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1946 hour 3 minute 9 M.
21. I hereby certify that I attended the deceased from Wed 3 PM
1946 to 1946
that I last saw him alive on 7 9th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Duration _____
Due to Bones at 6 month

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

Major findings: 159
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)
(c) Means of injury _____

23. Signature D. J. Martin (M. D. or other) M.B.

Address East Prairie, Mo. Date signed 8/5/46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 846-982

Date Filed 8-14-40

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.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lewis Shelby*.....

Licensed Embalmer No. *2726*

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.