

FILED DEC 11 1946

Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 944

1. PLACE OF DEATH:

(a) County Green  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Spfy Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution just entered  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 - Ozark  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd  
year 1946 7. hour 30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 19 1946 to Nov 23 1946  
that I last saw her alive on Nov 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Virus Pneumonia Duration 4 days

Due to Influenza 6 days

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations no  
Of autopsy no  
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 no

23. Signature R. R. Farthing (M. D. or other) no  
Address Ozark Mo Date signed 11-25-46

3. (a) PRINT FULL NAME Kathryn Janell Smith

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife .....

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

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

8. AGE: Years Months Days If less than one day  
5 12 .....

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

10. Usual occupation .....

11. Industry or business .....

12. Name Harris Smith

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

14. Maiden name Welma Nelson

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

16. (a) Informant Mrs. Harris Smith  
(b) Address R-1 Ozark Mo.

17. (a) burial (b) Date thereof Nov. 25 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville Cem

18. (a) Signature of funeral director J. W. Maples  
(b) Address Clever Mo.

19. (a) 11-20-46 (b) W. J. Handy MD  
(Date received local registrar) (Registrar's signature)

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

**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.W. Maples*

Licensed Embalmer No.....

*2985-*

P. O. Address.....

*Cher 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.**