

FILED NOV 25 1946

Registration District No. 139

Primary Registration District No. 425

Registrar's No. 105

1. PLACE OF DEATH: Holt

(a) County Holt

(b) City or town Oregon

(c) Name of hospital or institution: Brown Nursing home

(d) Length of stay: In hospital or institution 82 years

In this community years, months or days

3. (a) PRINT FULL NAME John Cave Smith

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, widower

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

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Feb. 9 1884

8. AGE: Years 62 Months 9 Days 3

9. Birthplace Craig Missouri

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name George W Smith

13. Birthplace Unknown

14. Maiden name Sophronia McCoy

15. Birthplace Unknown

16. (a) Informant George Smith

(b) Address 908 Woodroge Wichita Kans.

17. (a) Burial (b) Date thereof II/15/46

(c) Place: burial or cremation New Liberty, Mo.

18. (a) Signature of funeral director Mound City, Mo.

19. (a) Date received local registrar 11-16-46

(b) Registrar's signature J. Gray

2. USUAL RESIDENCE OF DECEASED: Missouri Holt 44

(a) State Missouri (b) County Holt

(c) City or town Mound City

(d) Street No.

(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th

year 1946. hour 6 minutes 00 A.M.

21. I hereby certify that I attended the deceased from Nov 11 to Nov 17 1946

that I last saw him live on Nov 11 1946

and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis

Duration

2 MO

Due to

Due to

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

92E

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

23. Signature F. E. Hogan MD (M.D. or other)

Address Mound City, Mo. Date 11/15/46

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

35624

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo**

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**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

*W. Crawford*

Licensed Embalmer No.

*1824*

P. O. Address

*Union, 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.**