

S. No. 2
M-5-43
v. 5-17-39
I X38671

FILED MAR 3 1947

State File No.

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME James Leon Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 1947 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased..... 4 5 1941
(Month) (Day) (Year)

19....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death

Burned to death
Due to Being asleep alone in house
Due to

8. AGE: Years Months Days If less than one day
5 8 26 hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Alick Smith

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

14. Maiden name Marie Gray

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

16. (a) Informant Marie Smith

(b) Address West Plains Mo

17. (a) B (b) Date thereof 1-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertsons

(b) Address West Plains Mo

19. (a) Feb 17/47 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) yes

(b) Date of occurrence 1-1-1947

(c) Where did injury occur? home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? (Specify type of place) (e) Means of injury Burn

23. Signature (M. D. or other) 0

Date signed

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Office No. 5,

District No. 242113

Date Filed 2-28-47

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 Paige A. Robertson
Licensed Embalmer No. 3432
P. O. Address West Plains, 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.