

FILED MAR 25 1947

Primary Registration District No. 4179

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Senath  
(b) City or town Senath  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_

(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

3. (a) PRINT FULL NAME James Thomas Smithwick

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 Widowed

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

7. Birth date of deceased Feb. 19 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 13 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Smithwick  
13. Birthplace Credit Co Senath  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Pruitt  
15. Birthplace Credit Co. Senath  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Smithwick  
(b) Address Senath Mo

17. (a) Burial (b) Date thereof 3-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebo Cemetery

18. (a) Signature of funeral director Paul Funeral Dir

(b) Address Senath Mo

19. (a) 3-17-47 (b) Mr J. N. Lanier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Senath  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 4  
Year 1947 hour 7:00 clock minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 27  
1947, to March 4 1947  
that I last saw him alive on March 4 1947  
and that death occurred on the date and hour stated above

Immediate cause of death Arterio Sclerosis Duration \_\_\_\_\_

Due to Heart Failure

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

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) no  
(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 J. N. Lanier (M. D. or other) \_\_\_\_\_  
Address Senath Mo Date signed 3-4-47

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

5  
4  
3

MOTHER FATHER

91

RECEIVED

District Health Office No. 2,

District File Number 347-700

Date Filed 2-21-47

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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 Arthur S. McDaniel  
Licensed Embalmer No. 2093  
P. O. Address Denver, 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.**