

FILED OCT 15 1947

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 353

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brandon Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
Specify whether years, months or days

In this community 4 days

3. (a) PRINT FULL NAME Linda Jean Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W.

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 September 30 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>4</u>	hr. _____ min.

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name Lloyd Carmen Smith

13. Birthplace Ripley County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Belle Divine

15. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Smith

(b) Address Route 1, Harviell, Missouri

17. (a) B (Burial, cremation, or removal) (b) Date thereof 10-6-47
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Frank - Cotrell

(b) Address Poplar Bluff, Mo.

19. (a) 10/10/47 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Harviell
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1947 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 30 1947 to Oct 4 1947
that I last saw h.e.r. alive on Oct 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial failure

Due to Uremia

Due to Anuria

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 Kenneth P. Currie (M. D. or other) M.D.

Address Poplar Bluff, Mo. Date signed 10-6-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 10.87-1325

Date Filed 10-13-47

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.....

John M. Davies....., Registered Apprentice No. *487*
working under my personal supervision.

Signed *Charles W. Greer*.....

Licensed Embalmer No. *2964*

P. O. Address *Capitol Hill 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.