

No. 2
12-45
17-39
X47070

FILED DEC 15 1947
Registration District No. **33**

Primary Registration District No. **5484**

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **Butler Twp. McFall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **no**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **70 yrs.** (Specify whether years, months or days)
In this community **70 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison**
(c) City or town **Butler Twp. McFall (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **9 Miles South of Bethany**
(If rural, give location) **no**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **John Warren Smith**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Lettie** 6. (c) Age of husband or wife if alive **Dec.** years
7. Birth date of deceased **March 25, 1977**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	8	2	hr. min.

9. Birthplace **Harrisons County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **XX**

12. Name **John A. Smith**

13. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)

14. Maiden name **Melissa Hawk**

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

16. (a) Informant **Jack Black**

(b) Address **McFall, Mo.**

17. (a) **Burial** (b) Date thereof **11-30-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Hope Cemetery.**

18. (a) Signature of funeral director **M.B. Harris**

(b) Address **Bethany, Mo.**

19. (a) **12/1/47** (b) **Zola Burris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **27**
year **1947** hour **6** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **5-15-47**
to **11-27-47**
that I last saw him alive on **11-14-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **1 yr**

Due to

Due to

Other conditions **Myocarditis -** **3 yrs.**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **HB**

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) Means of injury **0**

23. Signature **W.A. [unclear]** (M. D. or other)

Address **Bethany Mo** Date signed **12-1-47**

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

JUL 22 1948

A 88 11

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *M B Haas*
M. B. Haas.
Licensed Embalmer No. 3899
P. O. Address. Bethany, 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.