

FILED JAN 12 1948

Registration District No. **314**

Primary Registration District No. **6063**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **St. Clair**  
 (b) City or town **Iconium (Rural) Jackson**  
(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 **All of life**  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_

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

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

4. Sex **Male**  **White** race \_\_\_\_\_  
 5. Color or race \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **October 13 1875**  
(Month) (Day) (Year)

8. AGE: **72** Years **11** Months **14** Days  
If less than one day hr. min.

9. Birthplace **St. Clair County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Aaron Smith**  
 13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy A. Smith**  
 (b) Address **Iconium Missouri**

17. (a) **Burial** (b) Date thereof **12-4-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Smith Bend Cemetery**

18. (a) Signature of funeral director **F.B. Goodrich**  
 (b) Address **Osceola Missouri**

19. (a) **12-4-47** (b) **Ruth Secors**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair 93**  
 (c) City or town **Osceola**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **2**  
 year **1947** hour **10** minute **A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide**  
**Gun shot wound self inflicted**

Due to \_\_\_\_\_  
 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) **Suicide**  
 (b) Date of occurrence **10-2-47**  
 (c) Where did injury occur? **near Iconium Mo.** (City) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

**At home** (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury **See a**

23. Signature **F. B. Goodrich** (M.D. or other) \_\_\_\_\_  
 Address **Osceola Mo** Date signed **12/4/47**

RECEIVED  
District Health Officer No. 7;  
District File No. 12-47-205  
Date Filed 1-9-57

JAN 21 1957

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 J. B. Goodrich  
Licensed Embalmer No. 3038  
P. O. Address Oswego 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.