S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43969

Registration District No. 341 | Primary Registration District No. 6152a | Registrar's No. 108

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural (Liberty)
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 1 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME A. S. B. Smith

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Betsy Smith

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. (Month) 24, (Day) 1853 (Year)

8. AGE: Years 94 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Durbon County, (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Thomas Smith
13. Birthplace Thirsk (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Jane Collier
15. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. Christine Smith
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Mo.

19. (a) 1-2-1948 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1947 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from Nov. 1 1947 to Dec 25, 1947 that I last saw him alive on Dec 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Chronic Myocarditis

Due to Chronic Myocarditis Senility

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration: 10 days ?

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)

While at work ..... (e) Means of injury .....

23. Signature Neal Nuckell MD (M. D. or other)

Address Dexter Mo Date signed 12/31/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
Distric[illegible] Number 148-2
[illegible] 1-5-48

JAN 9 1948

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. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mis.

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.