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17-39
X35897

FILED MAR 15 1948

Registration District No. 14

Primary Registration District No. 4136

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 64 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton ²⁵

(c) City or town Plattsburg ³
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? _____ (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Riley Hughes Smith

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

3. (c) Social Security No. X X

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 alive _____ years (Day) (Year)

7. Birth date of deceased Aug 8 1983
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>6</u>	<u>21</u>	hr. _____ min.

9. Birthplace Clinton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name MERRITT S. SMITH

13. Birthplace Clinton Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name EMMA RILEY

15. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. Lee Buckler

(b) Address CARROLLTON MO.

17. (a) BURIAL (b) Date thereof 3 3 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg MO

18. (a) Signature of funeral director D. D. Lyon

(b) Address Plattsburg Mo.

19. (a) March 2 - 48 (b) Emich Chastain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1948 hour 9 minute 38 AM.

21. I hereby certify that I attended the deceased from 9 PM
Feb. 29, 1948 to 9:30 PM Mar 29, 1948;
that I last saw him alive on Feb 29, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage ^{slot}

Due to _____

Due to _____

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

Major findings:
Of operations SBX

Of autopsy _____

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) 2

(e) Means of injury _____

23. Signature R. M. Hayward (M. D. or other) PO.

Address Plattsburg Mo. Date signed 3/2/48

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

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

Danell D. Lyon

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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.