S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5564

State File No.

Registration District No. 227 — Primary Registration District No. 5804 — Registrar's No. 11

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL-JACKSON TWP. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 3, PARIS 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 LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE 69
(c) City or town RURAL 0 (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3, PARIS 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JOHN T. SMITHEY
3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PAULINE SMITHEY
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased AUG (Month) 2 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	6	21	hr. min.

9. Birthplace SALINE CO., MO. 6 (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name JOHN T. SMITHEY
13. Birthplace KY. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY ALVERSON
15. Birthplace KY. 1 (City, town, or county) (State or foreign country)
16. (a) Informant PAULINE SMITHEY
(b) Address PARIS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.
19. (a) 2-23-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) DAS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 23 year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 2, 1947, to Feb 23, 1948 that I last saw him alive on Feb 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Alimentary Stomach	M.K.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46B

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 0
23. Signature Geo. W. Rugh (M. D. or other)
Address PARIS, MO. Date signed 2-23-48

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

RECEIVED
District Health Officer No. 10
District File Number 3·48·428
Date Filed MAR 2 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 [signature]

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.