

U. S. No. 300
DM-10-47
Rev. 5-17-39
I 3906

8310

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 24

FILED APR 5 1948
Registration District No. 78

Primary Registration District No. 5357

31
0
0

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Benton Sup.
(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

3: (a) PRINT FULL NAME William Marion Smith

3: (b) If veteran, name war 770

3: (c) Social Security No. ✓

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife ANNE SMITH

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

7. Birth date of deceased Oct 21 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Fairfield Ia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Asa H. Smith

13. Birthplace Ia
(City, town, or county) (State or foreign country)

14. Maiden name Sara Boyzell

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Olis Smith

(b) Address 1339 E. 10th St. H.C. Mo

17. (a) Burial (b) Date thereof 3 9 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heath Chapel

18. (a) Signature of funeral director Robert H. Durham

(b) Address Pettanburg Mo

19. (a) 13 March 1948 (b) Virginia M. Englehart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7
year 1948 hour 5:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from 3/2
_____ 1948 to 3/7 _____ 1948

that I last saw him alive on 3/6 _____ 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acidosis

Due to Diabetic Mellitus

Due to _____

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

Major findings:
Of operations _____

Of autopsy Ca

Duration _____

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)

(c) Means of injury _____

23. Signature James T. Lanier (M. D. or other) 0

Address Pettanburg Mo Date signed 3/12/48

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.....

Robert V. Dunham....., Registered Apprentice No. *50*

working under my personal supervision.

Signed *Ica L. Gromer*.....

Licensed Embalmer No. *3022*.....

P. O. Address *Pattonburg 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.