. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11371

Primary Registration District No. 4000

Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Connelsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Connelsville, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 2 years, 5 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Connelsville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Earl Granville Smith
3. (b) If veteran, name war:
3. (c) Social Security No. 550-16-5550

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 10 (Day) 1902 (Year)

8. AGE: Years 45 | Months 9 | Days 26 | If less than one day: hr. min.

9. Birthplace: Connelsville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Arthur Smith
13. Birthplace: Clark County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Dora Dixon
15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Arthur Smith
(b) Address: Connelsville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Novinger, Missouri
18. (a) Signature of funeral director: Dee Riley Funeral
(b) Address: Kirksville, Missouri
19. (a) 4-17-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 6
year: 1948 hour: minute: M.

21. I hereby certify that I attended the deceased from March 25, 1948 to April 4, 1948, that I last saw him alive on April 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to:

Due to:

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

Major findings:
Of operations: 10/7
Of autopsy:

Duration

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: [illegible] (M. D. or other)
Address: Greenty, Mo Date signed: 4-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1949

OCT 15 1949

APR 26 1948

RECEIVED
District Health Officer No. 10
District File Number 4-41-712
APR 20 1948
Date Filed

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 Jack L. Dooley, Registered Apprentice No. 222, working under my personal supervision.

Signed D E Riley

Licensed Embalmer No. 418J

P. O. Address Kirkwood 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.