S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 16035

Registrar's No. 435A

39
2
6
1

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1617 Benton Ave., 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 46 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1617 Benton Ave., 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William A. Smith

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sep. (Month) 17 (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Merchandising

FATHER
12. Name Andrew J. Smith
13. Birthplace ..... (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Martha J Dickey
15. Birthplace ..... (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Laura Smith,
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Jus Klingner & Co
(b) Address Springfield Mo.

19. (a) 5-26-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1948 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from 5-24-46, 19..., to 5-24-, 19 48 that I last saw him alive on 5-22-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma with metastasis

Due to Carcinoma of Prostate

Due to

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

Major findings:
Of operations
Of autopsy 5

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 0

23. Signature C. E. Feller (M. D. ~~or other~~)
Address Citizens Bank Bldg, Spfg. Date signed M. D.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Slone Jr.

Licensed Embalmer No. 4126

P. O. Address Springfield

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.