

0. 300  
-10-47  
-17-39  
I 3906

Registration District No. **275**

Primary Registration District No. **4448**

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

**1. PLACE OF DEATH:**  
 (a) County **Randolph**  
 (b) City or town **Huntsville**  
 (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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Randolph**  
 (c) City or town **Huntsville**  
 (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** **William Foster Smith**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **Amanda Smith** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 25 1874**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>6</b>	<b>12</b>	hr. _____ min. _____

9. Birthplace **don't know** **Florida**  
(City, town, or county) (State or foreign country)

10. Usual occupation **general laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **don't know** **9**

13. Birthplace **don't know** (City, town, or county) (State or foreign country) **9**

14. Maiden name **Lucy Mason** **4**

15. Birthplace **don't know** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **T.J. Smith**

(b) Address **Kansas City, Missouri**

17. (a) **burial** (b) Date thereof **7/10/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Patton & Son**

(b) Address **Huntsville, Mo**

19. (a) **7/10/1948** (b) **Mrs. D.A. Barnhart**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **7**  
year **1948** hour **8:10 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **7/21/48**  
to **7/11/48**, 19\_\_\_\_, that I last saw him alive on **July 6**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart failure** Duration **7 mos.**

Due to **Arteriosclerosis and Myocardial degeneration** 2 yrs.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**9315**

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? **the**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Dr. M. Epelmas** (M. D. or other) \_\_\_\_\_

Address **Huntsville, Mo** Date signed **7/9/48**

RECEIVED  
JUL 13 1948

RECEIVED  
District Health Officer No. 10  
District File Number 7-48-1257  
Date Filed JUL 13 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 Paul J. Patton  
Licensed Embalmer No. 4095  
P. O. Address Huntsville, 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.**