No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1948

Registration District No. 173

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26974

Primary Registration District No. 4306

Registrar's No. 12

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Goodman
(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 17 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Goodman 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Albert Milton Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ivy Durham Smith

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Augest (Month) 27 (Day) 1894 (Year)

8. AGE: Years 53 | Months 9 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Taney County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Shoe Repair

11. Industry or business General repair man

FATHER
12. Name Charles Berreman Smith
13. Birthplace Winsor (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ellen Tennison
15. Birthplace Stone County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. I.D. Smith
(b) Address Goodman, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Owsley Cemetery Stella Rt. 2

18. (a) Signature of funeral director John B. Papineau
(b) Address Goodman, Missouri

19. (a) Aug. 20/48 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature) 5367

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1948 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Hernia

Due to Loss of Blood

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 122 a

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature [illegible] (M. D. or other) Coroner

Address Pineville Mo. Date signed 6-21-48

(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 John B. Robinson

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.