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U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29127

FILED OCT 14 1948

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
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 Life years, months or days (Specify whether)

3: (a) PRINT FULL NAME CLEVELAND B. SMITH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 Sept 18 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John M Smith

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

14. Maiden name Nancy Wampler

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

16. (a) Informant Chas Smith

(b) Address Carrollton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-48
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) 9/21/48 (Date received local registrar) (b) Herbert Calvert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1948 hour 6 minute 50 M.

21. I hereby certify that I attended the deceased from August 30 1948 to Sept 19 1948
that I last saw him alive on Sept 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, chronic

Duration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131B

Major findings: Of operations _____

Of autopsy _____

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? 6

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature John H. Smith (M. D. or other) _____

Address 10811 Main Carrollton Mo Date signed 9/21/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-13-48

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 _____

William R. Koch _____, Registered Apprentice No. 242
working under my personal supervision.

Signed Ber W. Gibson _____

Licensed Embalmer No. 2961

P. O. Address Carrollton W.

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.