

FILED NOV 1 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31954

Registration District No. 13

Primary Registration District No. 5072

Registrar's No. 63

1. PLACE OF DEATH:

(a) County... Barton
(b) City or town... Rural, Newport Township
(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... 39 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE WILLIAM SMITH

3. (b) If veteran, name war: _____
3. (c) Social Security No. 499-24-1187

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife... Naomi Margaret Smith
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased AUGUST 12, 1895
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days _____
If less than one day hr. _____ min. _____

9. Birthplace DALLAS COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL BUS DRIVER

11. Industry or business _____

MOTHER FATHER { 12. Name JOSEPH HENRY SMITH

13. Birthplace LINN CREEK MO.
(City, town, or county) (State or foreign country)

14. Maiden name OSIE OLA WILLIAMSON

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

16. (a) Informant MRS. G.W. SMITH

(b) Address GOLDEN CITY, MO

17. (a) BURIAL (b) Date thereof 10/14/48
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Golden City, Mo.

19. (a) OCT 18 1948 (b) Marie Korantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Golden City
(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 Oct day 12
year 1948 hour 8 minute a. 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 _____ Duration _____

Coronary Thrombosis

Due to _____

Due to _____

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

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? _____

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

23. Signature C.E. Duckett (M. D. or other) M.D.

Address Camden MO Date signed 10-12-48

Coroner Barton Co. Mo

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

RECEIVED

District No. in Office No. 6,

Parcel No. 1048-1200

Box No. 10-29-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *J. H. Hough*

Licensed Embalmer No. *3278*

P. O. Address. *Golden City, 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.