

No. 2  
12-45  
17-39  
X47070

FILED NOV 10 1948

Registration District No. 371

Primary Registration District No. 6153

Registrar's No. 25

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

1. PLACE OF DEATH

(a) County Stoddard  
(b) City or town Messler Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(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 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN WILLIAM SMITH

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Frances Smith 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept. 21, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>1</u>	hr. min.

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

10. Usual occupation Retired Farmer

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

12. Name William Smith

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Kasper

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Frances Smith

(b) Address Winton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial

18. (a) Signature of funeral director Walter S. Morgan

(b) Address Advanced, Mo.

19. (a) 10-15-48 (Date received local registrar) (b) Bernie Moore (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Stoddard  
(c) City or town Messler 113  
(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 22  
year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 1945 to Sept. 22, 1948  
that I last saw him alive on Sept. 20, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

Of autopsy: 930

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) Means of injury 2

23. Signature E. C. Metzger (M. D. or other) MD

Address Pharos, Mo. Date signed 9-28-48

RECEIVED -

District Health Office No. 2,

District File Number 1148-1518

Date Filed 1-8-48

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.....

Wm A May

Registered Apprentice No. 208

working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.