

FILED NOV 23 1948

State File No. _____

Registration District No. 178

Primary Registration District No. 4285

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Lewistown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Perry Smith.

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife Mary Speesz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 26 1976
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 20 hr. _____ min.

9. Birthplace Monticello, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business _____

MOTHER FATHER

12. Name John W. Smith
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Anna Bullock.
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eugene Brockman
(b) Address West Point Iowa

17. (a) Burial (b) Date thereof: Nov. 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everhart Cem. Iowa.

18. (a) Signature of funeral director James Hodges
(b) Address Lewistown, Missouri

19. (a) 11-19-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town West Point Iowa 13
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 21
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1948 hour 09.00 minute 20 P.M.

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

Immediate cause of death Cornary occlusion Duration 15 min

Due to _____

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

Major findings: Of operations _____
Of autopsy 945
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 David M. Bruce (M. D. or other) 0
Address So. Belle, Mo Date signed 11/17/48

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

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 *Myself*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Jamuel A. Coker

Licensed Embalmer No.

2532

P. O. Address

Lewis town 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.