V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 18 1941
Registration District No. 501

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38753

State File No.

Primary Registration District No. 4804

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linneus (Linn)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 38 0

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Richard Smith

3. (b) If veteran, name war XXXX

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Flora M.

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October (Month) 18 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	18	hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Smith

13. Birthplace Boone Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name Jane Hooker

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

16. (a) Informant Mrs Sopha Thorne

(b) Address Linneus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Meire Undt. Co.

(b) Address Linneus, Missouri

19. (a) 11-4-41 (Date received local registrar) (b) Maud T. Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year 1941 hour 3 minute 30 p. M.

21. I hereby certify that I attended the deceased from August 20th, 1941, to November 6th, 1941; that I last saw him alive on November 6th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Cardiac Asthma

Due to

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations —

Of autopsy none

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 0

23. Signature Harry L. Pitlick (M. D. or other) M.D.

Address Linneus, Missouri Date signed 11/8

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(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 Dave A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, 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, above space should be left blank.