

FILED MAR 21 1947

Registration District No. 336

Primary Registration District No. 6175

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Rural Coats #1
(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 50 years (years, months or days)

3. (a) PRINT FULL NAME WALTER SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Erma

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Nov. 19 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Smith

13. Birthplace S. Carl. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Davis

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

16. (a) Informant Walter Smith

(b) Address Summersville Mo.

17. (a) Burial (b) Date thereof 3/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville

18. (a) Signature of funeral director Walter V. Elliott

(b) Address Houston Mo.

19. (a) 3-10-47 (b) Walter Rees
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi N of Summersville
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from JAN 6 1946 to JAN 25 1947
that I last saw him alive on JAN 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to arterial hypertension

Due to previous stroke & apoplexy

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations C/3A

Of autopsy _____

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 2

23. Signature: Dr. Lawrence Hampton (M. D. or other) Dr
Address Summersville Date signed Mar 13

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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..... *Guy H. Hutchinson*.....
Licensed Embalmer No..... *4374*.....
P. O. Address..... *Cuba, 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.