

S. No. 2
M-5-43
7-5-17-39
P I X36671

Dr Davis
State File No. 40637
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 336 Primary Registration District No. 61-21-4493

1. PLACE OF DEATH:
(a) County rural Shannon
(b) City or town Birch Tree, Missouri
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 55 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon 101
(c) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William P. Smotherman
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27th 1870
(Month) (Day) (Year)
8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 28th
year 1947 hour _____ 5 minute _____ p. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him live on Oct 28 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 5 hrs
Apoplexy
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.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business _____
12. Name John Smotherman
13. Birthplace Not Known Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Knutberry
15. Birthplace Not Known
(City, town, or county) (State or foreign country)
16. (a) Informant Earnest Smotherman
(b) Address Birch Tree, Mo
17. (a) Burial (b) Date thereof 10-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Birch Tree Mo
18. (a) Signature of funeral director J. R. W. W. W.
(b) Address Mountain View, Mo
19. (a) 11-15-47 (b) W. R. Davis
(Date received local registrar) (Registrar's Signature)

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) (c) Means of injury _____
23. Signature R. D. Davis (M. D. or other) _____
Address Birch Tree Mo Date signed 11/15-47

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

RECEIVED

District

No. 5,

124770/

District

Date Filed

12-13-47

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 *Joe S. Dunman*
Licensed Embalmer No. *4325*
P. O. Address *Mtn View 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.