

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Sikeston, Mo.
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community twenty five years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME William F. Smith, 5303. (b) If veteran,
name war3. (c) Social Security
No.4. Sex Male
5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Emma Smith6. (c) Age of husband or wife if
alive 52 years7. Birth date of deceased Sept 5th 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 8 18
hr. min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Hauling Contractor
Contractor 9

11. Industry or business

12. Name William F. Smith
13. Birthplace (City, town, or county) (State or foreign country)14. Maiden name Mary Jane Statton
15. Birthplace Ill
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William F. Smith(b) Address Sikeston Mo17. (a) Memorial Park (b) Date thereof 26-May 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director G. A. Dempster(b) Address Sikeston Mo19. (a) 6-6-1940 (b) W. H. Norment
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott
 (c) City or town Sikeston
 (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. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 - 40
year 1900 hour 10 minute 14 M.21. I hereby certify that I attended the deceased from March 31, 1940
to May 24, 1940
that I last saw him alive on May 23, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of
Stomach 9 mos.
Duration

Due to _____

Due to 46Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
742 _____
(Specify type of place) (e) Means of injury _____23. Signature Howard M. Taylor
Address Sikeston Mo
(City or town) (County) (State)

RECEIVED

District Health Officer No.

District File Number 640-11

Date Filed 6/10/40

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 G. A. Dempster

Licensed Embalmer No. 2021

P. O. Address Sixeston 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.