

FILED MAY 9 1941 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13845  
Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 4  
(b) Township Alexander Primary Registration District No. 1-0-3 Registered No. 258  
(c) City or Charcoal-Road (d) Street No. 1-0-3 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Ford Smith

(a) Residence, No. 1000 St. 1  
(Usual place of abode, if no street address, write county or rural) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Anna E. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1854

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
86 7 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, Kentucky

13. NAME John Carol Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Jane Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) 3 Mrs. J. H. Shockley, Charcoal-Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Eagle Creek, Apr. 15, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) White-Russ, Charcoal-Road

20. FILED Apr. 16, 1941 Jas. T. Logan, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-1941

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1941 to Apr. 1941

I last saw him alive on Apr. 8, 1941. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Smility and Chronic Indigestion Chronic interstitial nephritis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Russell M. D.

(Address) Charcoal-Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE IN SERVICE, WITH EMPLOYER IN THIS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7;

District File Number 5-41-739

Date Filed 5-5-41

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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.....

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

**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.