

No. 2
1-4-41
-17-39
X26390

FILED OCT 24 1941

Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural - Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8 mi. S. Paris
(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 1

3. (a) PRINT FULL NAME ALVA LOGAN SMITH

3. (b) If veteran, name war. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOTTIE MAE SMITH 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased JULY 6, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 3 If less than one day ✓ hr. ✓ min.

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name FREMAN SMITH

13. Birthplace N.K.
(City, town, or county) (State or foreign country)

14. Maiden name DETTIE FEATHERSTON

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

16. (a) Informant Bulah B. Thompson
(b) Address PARIS, MO.

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

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Speed of Slakey
(b) Address Paris, Mo.

19. (a) 9-10-41 (b) G. A. Barnett, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe
(c) City or town Rural 069
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi. S. of Paris 3
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1941 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from 7 1941 to SEPT 9 1941
that I last saw him alive on SEPT 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Hemorrhage Duration 2 Days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature G. A. Barnett, M.D. M. D. or other _____
Address Paris, Mo. Date signed 9-10-41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1858

Date Filed OCT. 17. 1941

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 W. Blakely

Licensed Embalmer No. 40002614

P. O. Address PARIS, 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.