

Registration District No. 611

Primary Registration District No. 5815

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Racine, Mo. *Dayton Ave*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Racine *1*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All his life (Specify whether  
In this community All his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton *13*  
(c) City or town Racine (If outside city or town limits, write "RURAL") *0*  
(d) Street No. 0 (If rural, give location) *0*  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME William Grant Smith

3. (b) If veteran, name war ..... 3. (c) Social Security No. 491-01-3652

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ollie Blair Smith 6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased 6 7 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 6 8 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Supt. Tripoli Works

11. Industry or business .....

12. Name John Smith  
13. Birthplace Coshocton Co. Ohio. (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Martin  
15. Birthplace Robinson Co. Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant John Smith  
(b) Address Racine, Mo.

17. (a) Burial (b) Date thereof. 12 17 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director B. H. Suggs  
(b) Address Seneca, Mo.

19. (a) Dec 19 1941 (b) Merle Sparlin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15  
year 1941 hour 5 minute 45 p.m.

21. I hereby certify that I attended the deceased from Dec. 15 1941  
1 to Dec. 15 1941  
that I last saw him alive on Dec. 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis. Duration About 2 yrs.  
Due to Silicosis 4 or 5 years.

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

Major findings: Of operations None  
Of autopsy None  
PHYSICIAN B. H. Suggs  
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 0  
23. Signature Amal R. Saleh (M. D. or other) 12-18  
Address Neosho, Mo. Date signed

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

MOTHER FATHER

93  
0  
0

545

APR 13 1942

RECEIVED

District Health Officer No. 6,

District File Number 142-60

Date Filed JAN 6 1942

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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 James W. Buzzard  
Licensed Embalmer No. 4215  
P. O. Address Seneca MD

**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.**