

Registration District No. 95-1

Primary Registration District No. 45-20

Registrar's No. 4

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Osgood
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ENOCH NOBLE SMITH

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Jane 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov. 19, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

MOTHER FATHER { 11. Industry or business

12. Name Samuel e Smith
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary a Gaunce
15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant James m. Smith

(b) Address Osgood mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director PK Payne & Son

(b) Address Salt mo

19. (a) 3/24/42 (b) Miss Lodie Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from 8-21-1942 to 3-21-1942
that I last saw him alive on never
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration suicidal
Due to Arterio Sclerosis 7.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94-a PHYSICIAN
Of autopsy

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 U.C. Weston (M. D. or other) Mo.
Address Salt Mo Date signed 3-23-42

1183

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

RECEIVED

District Health Officer No. 10

District File Number 4-10-778

Date Filed APR 15 1942

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 DK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.