S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. 23974

State File No.

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 927 N. 1 2nd St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

(c) City or town Poplar Bluff 1
(If outside city or town limits, write "RURAL") 3

(d) Street No. 927 north Second
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME William Alfred Smith

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Edith Smith

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 9 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	10	hr. min.

9. Birthplace Unknown (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Com. labor

11. Industry or business

FATHER
12. Name Ezehial Smith
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mattie Colman
15. Birthplace Unknown (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Mrs Wm. A. Smith
(b) Address Poplar Bluff Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 42 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo.

19. (a) 7-20-42 (Date received local registrar) (b) Belle Kirne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 22, 1942 to July 19, 1942 that I last saw him alive on July 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Lobar)	2 wks
Due to General debilitation chronic myocarditis	years
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Fred Biggs Jr. (M. D. or other)
Address Poplar Bluff, Mo. Date signed 7/21/42

1 72

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-962
Date Filed 8-4-42

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 Charlie W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.