

FILED FEB 19 1943

Registration District No. 1

Primary Registration District No. 3000

State File No.

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution Community Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mon 22 days
(Specify whether)

In this community 65 yrs
years, months or days

3. (a) PRINT FULL NAME John David Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M.O

5. Color or race W

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

6. (b) Name of husband or wife Ida M. Smith

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb 9 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 2
hr. min.

If less than one day

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

10. Usual occupation Miller

11. Industry or business Milling

MOTHER FATHER

12. Name William Smith

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

14. Maiden name unknown

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

16. (a) Informant Dr. Arnold Roy Smith

(b) Address Kirkville, Mo

17. (a) Burial (b) Date thereof 1/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director BECKLEY

(b) Address Kirkville Mo

19. (a) Jan 18 1943 (b) Mrs. J. W. Wayne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair's

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 N. Main
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th
year 1943 hour 4 minutes 34 P.M.

21. I hereby certify that I attended the deceased from Jan 18th to Jan 11th 1943
that I last saw him alive on Jan 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to uremia

Due to Chronic Nephritis

Other conditions 1718
(Include pregnancy within 3 months of death)

Major findings: Of operations 1718

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 Esther P. Bamer (M.D. or other) Dr.

Address Kirkville, Mo Date signed 1/11/43

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

RECEIVED

District Health Officer No. 10

District File Number 2-43-381

Date Filed FEB 16 1943

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 J. V. Riley

Licensed Embalmer No. 4181

P. O. Address Knoxville TN

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.