

FILED AUG 24 1943

Registration District No. 336

Primary Registration District No. 4440

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community 69 Years
years, months or days)

3. (a) PRINT FULL NAME Farris Kied Smotherman

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

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara E Smotherman 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 15th 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Thomas Smotherman

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

14. Maiden name Susan Sutberry

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

16. (a) Informant Mrs Clara E. Smotherman

(b) Address Birch Tree, Mo

17. (a) burial (b) Date thereof Aug 4th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cem.

18. (a) Signature of funeral director John S. Duncan

(b) Address Mountain View, Mo

19. (a) 8-10-43 (b) Ernest P. Doyle MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1943 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from July 26
1943 to July 31 1943
that I last saw him alive on July 30 1943
and that death occurred on the day and hour stated above.

Immediate cause of death hemorrhage of Duration
lungs

Due to Tuberculosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 R. J. Davis (M. D. or other)
Address Birch Tree Mo Date signed 8/10/43

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

RECEIVED

District Health Officer No. 5,

District File Number 843506

Date Filed 8-23-44

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 _____

Licensed Embalmer No. 7516

P. O. Address Mountain View, 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.