

FILED 007 64 1945
Registration District No. _____

Primary Registration District No. 5-348

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

1. PLACE OF DEATH:

(a) County Wagler
(b) City or town Louisburg
(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 _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Louisburg
(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 JOHN BENTON 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 widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Minister of Gospel

11. Industry or business _____

12. Name J. H. Smith

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

14. Maiden name Ann Chester

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

16. (a) Informant _____ (b) Address _____

17. (a) Burial (b) Date thereof 9-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mission Ridge

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo

19. (a) 10-1-45 (b) W. B. Peters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1945 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 25, 1945, at 115 3rd St, 10, 45 that I last saw him alive on Sept 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 weeks

Due to arteriosclerosis and hypertension 1 yr

Due to _____

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

Major findings: Of operations g. 20 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 _____ (c) Means of injury _____

23. Signature L. A. [unclear] (M. D. or other) M.D.
Address Urbana Mo Date signed 9/12/45

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

Leonard B. Jones

Licensed Embalmer No.

2508

P. O. Address

Buffalo 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.