

FILED FEB 11 1946

Registration District No. **49**

Primary Registration District No. **5174**

1. PLACE OF DEATH:

(a) County **C Camden**
(b) City or town **Clinton Springs, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **John Luther 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 **Helle Smith**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Sept 11 1870**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **14** year **1946** hour **5** minute **50** P.M.
21. I hereby certify that I attended the deceased from **1945 Oct.** 1945 to **Jan 13** 1946;
that I last saw him alive on **Jan 13** 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy of Brain**
Due to **Essential Hypertension**
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy **30**

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 **D. J. C. Briggs, M.D.** (M.D. or other) **PC**
Address **Clinton Springs, Mo** Date signed **1/14/46**

8. AGE: Years **75** Months **13** Days **3** If less than one day _____ hr. _____ min.

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

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Jacob Smith**

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

14. Maiden name **Winkler**

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

16. (a) Informant **Helle Smith**

(b) Address **Clinton Springs, Mo**

17. (a) **burial** (b) Date thereof **1-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Franklin Cemetery**

18. (a) Signature of funeral director **Ray J. J. J. J.**

(b) Address **W. J. J. J.**

19. (a) **1-24-46** (b) **G. J. J. J. M.D.**
(Date received local registrar) (Registrar's signature)

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

330

RECEIVED

Dis. Officer No. 7,

Case No. 1-46-114

Date Filed 2-8-46

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Wasson, 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.