

State File No.

Registration District No. 268

Primary Registration District No. 5906

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pemiscot Little River Sup
(b) City or town Wardell Rural
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Rural
(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 William Smith

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased April 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 4 3 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name John Pattain

13. Birthplace Keeper Co Miss
(City, town, or county) (State or foreign country)

14. Maiden name Lilba Leshore

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

16. (a) Informant John Pattain
(b) Address Wardell, Mo

17. (a) Burial (b) Date thereof Feb ? 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul, Cemetery

18. (a) Signature of funeral director Herman Burial

(b) Address St Paul

19. (a) Feb 15 - 46 (b) Mrs. H. G. Rhoman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1946 hour 8 minute

21. I hereby certify that I attended the deceased from 1-25-46
3-14-46 19 to 3-14-46 19;
that I last saw him alive on Feb 13-46 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis
Due to.....

Due to.....
Other conditions Syphilis
(Include pregnancy within 3 months of death) 2 mo

Major findings:
Of operations.....
Of autopsy 308

Duration about 1 year
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)
(c) Means of injury 0

23. Signature H. G. Rhoman (M. D. or other)
Address Wardell Date signed Feb 15-46

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

3-46-75

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.....

P. O. Address.....

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.