

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 01

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Hayti, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 36 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Hayti,  
(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 Freddie Smith

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

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

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 40 hr. min.

9. Birthplace Tunica, Co., Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Smith  
13. Birthplace Sautobia Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Pail  
15. Birthplace Osceola, Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Carlton Smith  
(b) Address Hayti, Mo.

17. (a) Removal (b) Date thereof 10/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tunica, Miss.

18. (a) Signature of funeral director H. J. Smith Funeral Home  
(b) Address Caruthersville, Mo.

19. (a) 10-14-46 (b) J. K. Kelley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1  
year 1946 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-25  
to 10-1-1946  
that I last saw him alive on 10-1-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Pneumonia  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 108

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 A

23. Signature J. J. Masters (M. D. or other) L  
Address Hayti, Mo. Date signed 10-6-46

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

10-46-216  
~~175~~

OCT 26 1946

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.....

*Jack H. Liguori*

Registered Apprentice No. 407

working under my personal supervision.

Signed *James A. Osburn*

Licensed Embalmer No. 4185

P. O. Address *Barrettsville, 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.