

S. No. 2
M-5-43
5-17-39
I X3677

State File No. 43784

FILED JAN 21 1947

Registrar's No. 5

Registration District No. 22

Primary Registration District No. 5-111

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

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Advance
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID LEVI SMITH
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 7
year 1946 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from _____, 1946, to Dec. 7, 1946
that I last saw him alive on Dec. 7, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Name of husband or wife Mrs. Smith 6. (b) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 25, 1877
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
69 9 12 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name John Smith

13. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Smith

15. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Cunningham

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Dec. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Advance Cem.

18. (a) Signature of funeral director Joseph S. Morgan
(b) Address Advance, Mo.

19. (a) Jan 13-47 (b) Miss H. Vandenberg
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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 fall
23. Signature E. C. Mastis (M. D. or other) de
Address Advance, Mo. Date signed 12-7-46

RECEIVED

Health Officer No. 4
File Number 147-115
Date Filed 1-20-47

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.....

Lloyd S. Morgan, Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Clarence, 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.