

U.S. No. 2
FORM-5-43
Rev. 5-17-39
1 X3667

FILED MAR 25 1947

Registration District No. **32**

Primary Registration District No. **5114**

Registrar's No. **17**

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

1. PLACE OF DEATH:
 (a) County Ballinger
 (b) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
none Wayne
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 12
 year 1947 hour 4 minute 30 P.M.
 21. I hereby certify that I attended the deceased from _____, 1943 to _____, 1947
 that I last saw him alive on Feb. 10, 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary E. Smith
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Dec. 3, 1874
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis
 Due to Hypertension
 Due to Senility
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 2 Days 19
 If less than one day _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Pickett Co. Tennessee
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business
 12. Name Milton Smith
 13. Birthplace Pickett Co. Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Peep Ann Smith
 15. Birthplace Pickett Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Freddie Smith
 (b) Address Sturdivant, Mo.
 17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1947
(Month) (Day) (Year)
 (c) Place: burial or cremation Morgan Memorial

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 2

18. (a) Signature of funeral director Charles H. ...
 (b) Address Adams, Mo.
 19. (a) March 15, 1947 (Date received local registrar) (b) Willie H. Van Amburgh (Registrar's signature)

23. Signature E.C. Masters (M. D. or other) CO.
 Address Adams, Mo. Date signed 3-8-47

APR 3 1947

RECEIVED

District Health Officer No. 4
District File Number 347-390
Date Filed 3-24-47

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.....

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

Signed *Clayton S. Morgan*.....

Licensed Embalmer No. *3361*.....

P. O. Address. *Advocate, 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.