

FILED MAR 28 1947

State File No. _____

Registration District No. 349

Primary Registration District No. 6152a

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Liberty (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 3, Dexter, Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jerry Lee Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 16 1947 to March 16 1947
that I last saw him alive on March 16 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, Single

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

7. Birth date of deceased March 16 1947
(Month) (Day) (Year)

Immediate cause of death Asphyxia

Due to _____

Due to Premature Birth (6 months)

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

8. AGE: Years Months Days If less than one day

0 0 0 3 hr. _____ min.

9. Birthplace Dexter Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Noel Smith

13. Birthplace Dexter Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Vivian Robinson

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

16. (a) Informant Noel Smith

(b) Address R.F.D. # 3, Dexter, Mo.

17. (a) Burial (b) Date thereof 3-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Valley

18. (a) Signature of funeral director Strickland-Rayney
Dexter, Missouri

(b) Address _____

19. (a) 3/18-47 (b) Margaret Smith
(Date received local registrar) (Registrar's signature)

Major findings: 159

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 D.O. 2

23. Signature [Signature] (M. D. or other) _____
Address Dexter Date signed 3/18/47

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

MOTHER FATHER

361

847-439
3-25-47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Body not Embalmed

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.