

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Billy Joe Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 24 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. 35 min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Lyle Dell Smith

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

14. Maiden name Bernice Aldeane Elston

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

16. (a) Informant Lyle Dell Smith

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 6/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cmt.

18. (a) Signature of funeral director D. R. Raley

(b) Address Kirkville, Missouri

19. (a) 7-14-47 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 115 E. Illinois
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1947 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 24, 1947,
that I last saw him alive on June 24, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis - Prematurity

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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 2

23. Signature Mildred G. G. G. (M. D. or other)

Address Kirkville, Mo. Date signed 7-10-47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 8-47-1056
Filed AUG. 12 1947

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.....

Kenneth Slavens

Registered Apprentice No. 418

working under my personal supervision.

Signed BEE RILEY

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.