

S. No. 2  
-12-45  
5-17-39  
PI K47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 15 1947  
128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27424  
Registrar's No. 773

Registration District No. 2000 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County **CRUICK**  
(b) City or town **Springfield**  
(c) Name of hospital or institution: **Burge Hospital**  
(d) Length of stay: In hospital or institution **17 days**  
In this community **17 days**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Wright**  
(c) City or town **Lebanon**  
(d) Street No. **2**  
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Alphonso D. Smithle**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **1**  
year **1947** hour **4** minute **10 P.** M.  
21. I hereby certify that I attended the deceased from **8-14** 19**47** to **9-1** 19**47**  
that I last saw him alive on **9-1** 19**47**  
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 **Manda Smithle**  
6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **Jan 29 1869**

Immediate cause of death **Myocardial Infarction - Mas**  
Due to **Arterio Sclerosis** **1** year  
Duration

8. AGE: Years **78** Months **9** Days **3**  
If less than one day hr. min.

9. Birthplace **Drove Springs Missouri**  
10. Usual occupation **Farmer**  
11. Industry or business **Farm**

Other conditions **97**  
Major findings: **Prostatic Hypertrophy**  
Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name **David Smithle**  
13. Birthplace **Drove Springs Missouri**  
14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN**

16. (a) Informant **Mara G. P.S.**  
(b) Address **1042 S. Commercial St**  
17. (a) **Removal & Burial** (b) Date thereof **9-3-47**  
(c) Place: burial or cremation **Bramhall Cemetery**  
18. (a) Signature of funeral director **W.E. Holman**  
(b) Address **Lebanon Mo.**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature **W. Hardy MD** (M. D. or other)  
Address **Springfield, Mo.** Date signed **9-3**

19. (a) **9-3-47** (b) **W.E. Hardy MD**  
(Date received local registrar) (Registrar's signature)

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

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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.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.**