

FILED OCT 17 1947

Registration District No. 287

Primary Registration District No. 4085

Registrar's No. 19

1. PLACE OF DEATH

(a) County Carroll

(b) City or town Hale
(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 _____)

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME John Henry Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 12, 1947, to Sept 25, 1947, that I last saw him alive on Sept 25, 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 Caldwell Smith 6. (c) Age of husband or wife if alive 95 years

7. Birth date of deceased: May - 1860
(Month) (Day) (Year)

Immediate cause of death Chronic interstitial nephritis 7
hypertension
Due to atherio sclerosis
myocardial failure

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

8. AGE: Years 89 Months 3 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

Major findings: 131X

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name unkown

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

14. Maiden name unkown

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

16. (a) Informant John Caldwell

(b) Address Hale Mo.

17. (a) Burial (b) Date thereof 9-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hale Cemetery
Frank E. Slat

18. (a) Signature of funeral director _____

(b) Address Hale Mo.

19. (a) 9-29-47 Mrs. Rex Henderson
(Date received local registrar) (Registrar's signature) 119

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 L

23. Signature Dr. A. A. Ulesh (M. D. or other) P.O.
Address Hale, Mo Date signed 9-27-47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-18-47

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.

Signed

J. E. Slater

Licensed Embalmer No. 937

P. O. Address None MD

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.