. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41064

Registration District No. 47

Primary Registration District No. 4068

Registrar's No. 427 (424)

1. PLACE OF DEATH

(a) County CALLAWAY

(b) City or town MOKANE
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

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

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM P. SMITH

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAYME SMITH

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased JULY (Month) 1st (Day) 1878 (Year)

8. AGE: Years 69 | Months 5 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace BEDFORD (City, town, or county) VIR. (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business RAIL ROAD

FATHER
12. Name GEO. P. SMITH
13. Birthplace BEDFORD (City, town, or county) VIR (State or foreign country)

MOTHER
14. Maiden name MARTHA JOHNSON
15. Birthplace BEDFORD (City, town, or county) VIR (State or foreign country)

16. (a) Informant MRS W. P. SMITH

(b) Address MOKANE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 7. 1947 (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST FULTON

18. (a) Signature of funeral director Glen Y. Marpin

(b) Address 712 Court Fulton, Mo.

19. (a) Dec 6-1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 6 1947, 1946 to Dec 5, 1947 that I last saw him alive on Dec 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Cardio Vascular Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature W O Payne (M. D. or other)

Address R # 6 Fulton Date signed 12-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-17-47

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 Theodore Skinner, Jr., Registered Apprentice No. 55 working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.