

No. 2
 8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED OCT 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 30509

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 25

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

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cardwell Hospital 0
(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)

3. (a) PRINT FULL NAME ARHIS GALE SMITH

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

4. Sex male 5. Color or race white 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 October 22 1931
(Month) (Day) (Year)

8. AGE: 16 Years 11 Months 1 Days If less than one day _____ hr. _____ min.

9. Birthplace Berryville Rt 1 Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation mechanic

11. Industry or business _____

12. Name Ernest Smith

13. Birthplace Berryville Rt 1 Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Walcie Hesch

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

16. (a) Informant Ernest Smith

(b) Address Rt 1 Berryville Ark.

17. (a) burial (b) Date thereof Sept. 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Box 311 Berryville Ark.

19. (a) 10-1 48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Arkansas (b) County Cass
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 9 mi. north Berryville Ark.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
 year 48 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-17-48
 _____, 19____, to 9-23-48, 1948.

that I last saw him alive on 9-23-48
 and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis Duration 6 days

Due to Ruptured appendix

Due to _____

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

Major findings: Of operations [Signature]

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

23. Signature C. Cardwell (M. D. or other _____)

Address Stella, MO. Date signed 9-23-48

10-4-98
1048-385
District Health Officer No. *Newton C. Howell*
RECEIVED

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.....

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.