

FILED JAN 7 1949

State File No. \_\_\_\_\_

Registration District No. 347

Primary Registration District No. 4507

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Stone  
(b) City or town Near Natchez  
(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 1  
(Specify whether

In this community 7 Mo  
years, months or days)

3. (a) PRINT FULL NAME William H. Smythe

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 single

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

7. Birth date of deceased Feb 10 1908  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George H. Smythe

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

14. Maiden name Josephine T. Palmer

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

16. (a) Informant C. J. Smythe

(b) Address Crane, Mo.

17. (a) Burial (b) Date thereof 11-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Clay H. Manton

(b) Address Crane, Mo.

19. (a) Dec. 23-48 (b) Lena Murray, Dep.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

(c) City or town Crane  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 10 - 1946 to Nov - 22 - 1948  
that I last saw him alive on about August 15 - 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal disease 10 yrs  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: no operati

Of operations \_\_\_\_\_

Of autopsy now

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 TI

23. Signature H. L. Kerr (M. D. or other)

Address Crane, Mo. Date signed 11-24-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 149-11

Date Filed 1-5-49

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

*George H. Manlove*

Licensed Embalmer No. 3827

P. O. Address. Crawford Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.