

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42377

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(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) life3. (a) PRINT FULL NAME KILLIE SMOTHERMAN3. (b) If veteran,
name war Child3. (c) Social Security
No. _____4. Sex MALE 5. Color or
race White6. (a) Single, widowed, married,
divorced SINGLE6. (b) Name of husband or wife
Child6. (c) Age of husband or wife if
alive 1 years7. Birth date of deceased July 30, 1946
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
2 3 28 hr. min.9. Birthplace MARKSTON, MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation Child

11. Industry or business _____

12. Name WILLIAM SMOTHERMAN13. Birthplace CATERVILLE TENN.
(City, town, or county) (State or foreign country)14. Maiden name NORMA HERRING15. Birthplace CLARKTON, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant WILLIAM SMOTHERMAN(b) Address GIDEON, MISSOURI17. (a) BURIAL (b) Date thereof 10-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation OAK GROVE CEMETERY18. (a) Signature of funeral director Blond Russell(b) Address Piggitt, Arkansas19. (a) 1-14-49 (b) R. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town GIDEON, MISSOURI
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 48 hour 10:39 minute P M.21. I hereby certify that I attended the deceased from 10-19-48
19 1948 to 10-19-48that I last saw him alive on 10-19-48
and that death occurred on the date and hour stated above.

Immediate cause of death

Diphtheria

Duration

Unknown

Due to _____

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 sta-
tistically.

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 J. W. Florida (M. D. or other)Address Poplar Bluff, Mo. Date signed 1-13-49

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. _____

District File Number 149- _____

Date Filed 1-12- _____

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 the above constitutes grounds for revocation of license.)

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