REC'D JUL 20 1938

Dr. Fitch

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21893
Do not use this space.

1. PLACE OF DEATH

(a) County Greene — Registration District No. 944

(b) Township Jackson — Primary Registration District No. 5447 B — Registered No. 8

(c) City — (d) Street No. Route # 2 Strafford, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter R. Smith 530

(a) Residence, No. Route # 2 Strafford, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1878

7. AGE: YEARS 59 — MONTHS 8 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stannard Vermont 1

FATHER
13. NAME John J. Smith 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 5

MOTHER
15. MAIDEN NAME Larkin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) William L. Smith Strafford, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE June 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Lohmeyer Springfield, Mo.

20. FILED 7-9 1938 Clyde R. Anderson Local Registrar. 297

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938, to ....., 19....
I last saw him alive on 6/25 1938. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 1937.

46 B

Other contributory causes of importance:

Name of operation None Date of ....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. D. Max Fitch, M. D.
(Address) Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Paul L. Lohmeyer

Licensed Embalmer No. 02457

P. O. Address. Spring Lake

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

If this body is not embalmed, above space should be left blank.