

FILED FEB 15 1940

3038

Registration District No. 776 Primary Registration District No. _____

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Saline 2

(b) City or town Marshall

(c) Name of hospital or institution: 407 E. Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter Smith, Jr.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race Colored 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Oct. 12 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace: Kinloch St. Louis County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Walter Smith 0

18. Birthplace Marshall Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Sprigg

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

16. (a) Informant's own signature Walter Smith

(b) Address 407 E. Jackson St

17. (a) Frank Galt (b) Date thereof July 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lucy Creek

18. (a) Signature of funeral director R. Robbins

(b) Address Marshall Mo

19. (a) 1-29-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

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

(d) Street No. 407 E. Jackson St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 1940
year _____ hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 24th
1940, to Jan 27, 1940
that I last saw him alive on Jan 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to Peak and Exposure

Due to _____

Other conditions 107 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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 W. Madison (M. D. or other) 1

Address Marshall Mo. Date signed 1-27-40

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.

SEE REVERSE SIDE FOR INSTRUCTIONS TO MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *4/19/40*

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, above space should be left blank.