

APR 12 1940
Registration District No. 3991002
Primary Registration District No.

Registrar's No.

968

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Livingston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wheatley Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community
 years, months or days)

8. (a) PRINT FULL NAME Haskell Smith

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

4. Sex ma 5. Color or race colored 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 Jan. 22 1940
(Month) (Day) (Year)8. AGE: Years _____ Months 1 Days 9 If less than one day hr. _____ min. _____9. Birthplace Livingston MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Smith13. Birthplace Livingston MO
(City, town, or county) (State or foreign country)14. Maiden name Annie May Kaddy
15. Birthplace Livingston MO
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Robert Smith(b) Address Livingston, MO17. (a) Removed (b) Date thereof Mar. 1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Livingston, MO18. (a) Signature of funeral director W. W. ...(b) Address Livingston, MO19. (a) Mch 1, 1940 (b) M. M. Kerove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
 (c) City or town Livingston
 (If outside city or town limits, write "RURAL")
 (d) Street No. N. 23rd St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1940 hour 12 minute 10 A.M.21. I hereby certify that I attended the deceased from February 28, 1940 to March 1, 1940
that I last saw him alive on 3-1, 1940
and that death occurred on the date and hour stated above.Immediate cause of death: Intestinal Hemorrhage
Duration _____Due to Partial ObstructionDue to Congenital malformation of liver
Other conditions 1512
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy yes

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 Eugene P. Chatman (M. D. or other)
Address 2208 E. 18th St. Ind. MO Date signed 3-1-40

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Geo. P. McKeane

Licensed Embalmer No. 2983

P. O. Address Leungton Mo

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.