

FILED APR 8 1940

State File No. _____

Registration District No. 727

Primary Registration District No. 5959

Registrar's No. _____

1. PLACE OF DEATH: *Ralls S. H. 7*

(a) County *Perry Laddonia*

(b) City or town *Perry Laddonia*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
Rural Laddonia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *2*
(Specify whether years, months or days) *5-30*

In this community *5-30*

3. (a) PRINT FULL NAME *Columbus Smith*

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex *M*

5. Color or race *W*

6. (a) Single, widowed, married, divorced *widowed*

6. (b) Name of husband or wife *Permelia Smith*

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

7. Birth date of deceased *MOO 7 1852*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 2 24 hr. min.

9. Birthplace *MO* *5*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business _____

MOTHER FATHER

12. Name *William Smith*

13. Birthplace *Ky* *1*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Melby*

15. Birthplace *MO* *1*
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature *Willie Smith*

(b) Address *Laddonia MO 4-*

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof *MOO 4-*
(Month) (Day) (Year)

(c) Place: burial or cremation *Laddonia*

18. (a) Signature of funeral director *W. S. Nates*

(b) Address *Vandalia MO*

19. (a) *3/6/40* (b) *Clyde C. Wilbey*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Ralls*

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

(d) Street No. *Laddonia MO P.F.D.*
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *MOO* day *2* 1940
year *1940* hour *7* minute *30 P.M.*

21. I hereby certify that I attended the deceased from *Jan 7-40*
from 1940 to MOO 2 1940
that I last saw him *alive on Feb 22 1940*
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Thrombus 2 months*

Due to *arteriosclerosis unknown*

Due to _____

Other conditions (Include pregnancy within 3 months of death) *47 1/2*

Major findings: Of operations _____

Of autopsy _____

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? *NO*

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature *John Brown* (M. D. certifying)
Address *Perry MO* Date signed *3-6-40*

RECEIVED

District Health Officer No. 10

District File Number 4-40-736

Date Filed APR 4 1940

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 W B Waters

Licensed Embalmer No. 3325

P. O. Address Dundalk Md

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.