

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County Shannon Adley
(b) City or town Rural
(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 Life
years, months or days)3. (a) PRINT FULL NAME ROBERT JUNIOR SMITH3. (b) If veteran, name war. - 3. (c) Social Security No. -4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if7. Birth date of deceased SEPTEMBER 3 1924
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
15 10 17 hr. min.9. Birthplace WEST EMINENCE MO
(City, town, or county) (State or foreign country)10. Usual occupation SCHOOL11. Industry or business -12. Name JACK SMITH13. Birthplace SALEM MO
(City, town, or county) (State or foreign country)14. Maiden name SARANTHA LYNN15. Birthplace ADLEY MO
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jack Smith(b) Address W E MO17. (a) MAY 21, (b) Date thereof MAY 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ADLEY CEMETERY18. (a) Signature of funeral director Geo D Lumbard(b) Address W E MO19. (a) 5-21-40 (b) Frank Hyde MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shannon(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. - alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Gun shot wound through heart.Due to accident.

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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence May 20 1940(c) Where did injury occur Rural Spring New Eminence
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
744 Audubon place. (Specify type of place)While at work? no (e) Means of injury Gun shot.23. Signature SP Houston (M. D. or other)Address Eminence Date signed 5/21/40

FILED JUN 22 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.....

5/20/40

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 640 720

Date Filed 6/21/40

Signed Geo. P. Luvickel

Licensed Embalmer No. 3475

P. O. Address Greene 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.