

JUL 9 1940

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: Wagner Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 1/2 hours
(Specify whether in hospital or institution)

In this community 1 mo 25 da
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 719 Pitt St
(If rural, give location)

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

3. (a) PRINT FULL NAME DWAYNE ARTHUR SMITH, II

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased May 1 1940
(Month) (Day) (Year)

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

0 1 25 hr. _____ min.

9. Birthplace Columbia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Dwayne Smith

13. Birthplace Kennett City Mo
(City, town, or county) (State or foreign country)

14. Maiden name Meriel Stanley

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

16. (a) Informant Dwayne Smith

(b) Address Columbia Mo

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof June 27, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Kennett City, Mo

18. (a) Signature of funeral director Farber

(b) Address Columbia Mo

19. (a) 6/26/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 19 40
year _____ hour 6:30 minute _____ M.

21. I hereby certify that I attended the deceased from May 12/40 to June 26 19 40
that I last saw him alive on June 26 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death - Tracheal obstruction

Due to Patent ductus arteriosus

Due to Congenital deformity

Other conditions - Each of intra-uterine
(Include pregnancy within 3 months of death)

Major findings: Septum

Of operations _____

Of autopsy above - congenital heart disease

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? 74

23. Signature Dave Payne (M. D. or other) 1/40

Address Columbia Mo Date signed 6/26/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30
4

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. 1112
working under my personal supervision.

Signed W. D. Whitehead

Licensed Embalmer No. 3893

P. O. Address Columbus

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.