

Registration District No. 219Primary Registration District No. 4132

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County. COOPER
- (b) City or town. BUNCETON  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
DR. ELLIOTT'S OFFICE  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)
- In this community 1 DAY  
years, months or days

3. (a) PRINT FULL NAME GARFIELD SMITH8. (b) If veteran, name war NONE3. (c) Social Security No. NONE4. Sex. MALE5. Color or race NEGRO6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife  
BEATRICE SMITH6. (c) Age of husband or wife if alive 32 years7. Birth date of deceased NOV. 25  
(Month) (Day) (Year)19048. AGE: Years 34 Months 9 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace SPEED MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation FARM HAND11. Industry or business FARM12. Name JAMES SMITH13. Birthplace COOPER COUNTY  
(City, town, or county) (State or foreign country)14. Maiden name ADA BIRD  
(City, town, or county) (State or foreign country)15. Birthplace COOPER COUNTY  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter Smith(b) Address Speed, Mo17. (a) BURIAL (b) Date thereof AUG. 26-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SPEED, MISSOURI(a) Signature of funeral director. STEGNER & KOENIG(b) Address BOONVILLE, MO19. (a) 8-26-40 (b) Ann Whitaker  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State. MISSOURI (b) County. COOPER
- (c) City or town. PILOT GROVE (RURAL)  
(If outside city or town limits, write "RURAL")
- (d) Street No. R.F.D. 3  
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 25  
year 1940 hour about 1 minute 30 AM.21. I hereby certify that I attended the deceased from not attended  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;that I last saw him \_\_\_\_\_ alive on not seen alive, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_  
Hemorrhage from Duration 1/2 hour  
left subclavian arteryDue to Homicide by aDue to pocket knifeDue to stab woundOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: 174  
Of operations \_\_\_\_\_Of autopsy Left subclavian artery  
severed.

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

(a) Accident, suicide, or homicide (specify) homicide(b) Date of occurrence Aug 25 1940(c) Where did injury occur? Bunceton Cooper Mo  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
yes on a public street.While at work? no (e) Means of injury stabbed with a  
pocket knife.28. Signature J.C. Fincher (M. D. or other) M.D.Address Boonville Mo Date signed Aug 26 1940

Date Filed 9-9-40  
District File Number 81  
District Health Officer No. 81  
**RECEIVED**

**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 James W. Stegner  
Licensed Embalmer No. 3780  
P. O. Address Boonville, Va

**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.**