

2
9-39
39
21492

OCT 23 1940

Registration District No.

Primary Registration District No. 1

Registrar's No. 211

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stickler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours out /
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Arthur Glen Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. 711-14-3870

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Smith 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan 13 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>7</u>	<u>25</u>	hr. _____ min.

9. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name William Smith

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

14. Maiden name Lora Darr

15. Birthplace Adair County
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Smith

(b) Address Sublette, Missouri

17. (a) Burial (b) Date thereof 9-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ringo Point

18. (a) Signature of funeral director Dee Riley

(b) Address Kirkville, Mo

19. (a) Sept 10/40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Sublette
(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 9 day 8
year 1940 hour about 7:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Dead on my arrival 19____
that I last saw him alive on 19____
and that death occurred on the date and hour stated above.

Immediate cause of death self inflicted bullet wound in right temple. Bullet fired from a .22 cal. rifle
Due to _____

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) suicide

(b) Date of occurrence 9-8-1940

(c) Where did injury occur? Home Top Adair mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. D. Davis D.O., coroner (M. D. or other)
Address Kirkville, mo Date signed 9-10-40

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1990

Date Filed OCT-24-1940

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.....

Laura A. Riley

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

working under my personal supervision.

Signed Laura A. Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.