

Registration District No. 562

Primary Registration District No. 5757

State File No. _____

Registrar's No. _____

FILED OCT 18 1940

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

1. PLACE OF DEATH: Miller Park, Kansas
 (a) County: _____
 (b) City or town: Rural
 (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: _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: Kans Mo.
 (a) State: _____ (b) County: Miller
 (c) City or town: Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Hancock, Mo. R1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: CHARLES TURNER SMITH
 (b) If veteran, name war: None
 (c) Social Security No.: None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 13 year 1940 hour 7 minute a M.

4. Sex: Male
 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Widowed
 (b) Name of husband or wife: May Arundell
 (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Mar. 3 1859
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 6th 1940 to July 13 1940.
 that I last saw him alive on July 13 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 4 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary occlusion
 Due to: Hypertension
 Due to: Arteriosclerosis
 Other conditions (include pregnancy within 3 months of death): _____
 Major causes: 4410
 Of autopsy: _____

9. Birthplace: Osage Co. Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Miller
 11. Industry or business: Flour mills
 12. Name: Leroy Smith
 13. Birthplace: Osage Co. Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name: Cynthia Lee
 15. Birthplace: Osage Co. Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Lyle Smith
 (b) Address: Hancock, Mo.
 17. (a) Burial (b) Date thereof: 7-14-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Bay View, Hancock, Mo
 18. (a) Signature of funeral director: O.L. Bary
 (b) Address: Osage, Mo
 19. (a) July 20 1940 (b) Miss W. H. Green
 (Date received by local registrar) (Registrar's signature)

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?
496 (Specify type of place) _____
 While at work? _____ (e) Means of injury: _____
 23. Signature: I. W. Damsch (M. D. or other) _____
 Address: Osage, Mo Date signed: 7/13/40

