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Registration District No. 318

Primary Registration District No. 2001

State File No. _____

Registrar's No. 881

NOV 12 1940

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If no hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Walnut Grove
(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.

3. (a) PRINT FULL NAME

David Clarence Smith

(b) If veteran, name war No

(c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Loisne Rippe

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased January 13 - 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Grocery & General Merchandise

12. Name David L. Smith

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

14. Maiden name Mississin Topkner

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

16. (a) Informant David L. Smith

(b) Address Walnut Grove Mo

17. (a) Burial (b) Date thereof 10 29 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greene County Mo

18. (a) Signature of funeral director W. E. Handley
(b) Address Walnut Grove Mo

19. (a) Oct - 16 - 1940 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1940 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 26
_____, 1940, to Oct 26, 1940
that I last saw him alive on Oct 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Anterior - poliomyelitis
(Paralysis of respiratory muscles)

Due to _____
Due to 16

Other conditions (Include pregnancy within 8 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature W. E. Handley (M. D. or other) _____

Address Springfield Date signed 10/26/40

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

MOTHER FATHER

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

X X O

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 Genea Binn

Licensed Embalmer No. 2664

P. O. Address Walden, Ga

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, fact should be so stated above.