

0800
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Yernon
(b) City or town Rural Washington Twp
(c) Name of hospital or institution: Male Hosp. #5
(d) Length of stay: In hospital or institution 14 hours
In this community Same

3. (a) PRINT FULL NAME Geo. W. Smith
(b) If veteran, name war NO
(c) Social Security No. Unknown

4. Sex MO 5. Color of face W
6. (a) Single, widowed, married, divorced Mar
(b) Name of husband or wife Regley Smith
(c) Age of husband or wife if alive 48 years
7. Birth date of deceased Aug 18 78

8. AGE: Years 62 Months 7 Days 22 hr. _____ min. _____

9. Birthplace MO
(City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Dairy Man

11. Industry or business _____

12. Name John Smith

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

14. Maiden name Edna Tucker

15. Birthplace MO
(City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Hosp. Records
(b) Address _____

17. (a) Rural (b) Date thereof 3-27-1941
(Burial, cremation, or removal) _____ (Month) (Day) (Year) _____

18. (a) Signature of funeral director D. W. Notlinger
(b) Address Pleasant Hill Mo
19. (a) 3-25-'41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Basett
(c) City or town Pleasant Hills
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 25th
year 1941 hour 5:10 minute a M.
21. I hereby certify that I attended the deceased from Mar 24th 1941 to Mar 25th 1941
that I last saw him alive on March 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Manic exhaustion Duration 3 days

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(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? _____
While at work? 195 (Specify type of place)
(e) Means of injury _____
23. Signature D. W. Notlinger (M. D. or other) _____
Address Neunda MO Date signed 3/25/41

RECEIVED

District Health Officer No. 7,

District File Number 4-41-633

Date Filed 4-8-41

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 D. P. Mosinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill, Pa.

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.