

Registration District No. 533

Primary Registration District No. 5715

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Macon
 (b) City or town Bevier Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bevier Rural
(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

3. (a) PRINT FULL NAME CHARLES J. SMITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LEORA SMITH 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased November 28, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Liberty Township, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Vanil Smith

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

14. Maiden name Mary Sullivan

15. Birthplace W.V. & G.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Smith

(b) Address Bevier, Missouri

17. (a) Burial (b) Date thereof April 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington Cemetery

18. (a) Signature of funeral director H. Edward

(b) Address Bevier, Mo

19. (a) 5/1/41 (b) Seola Hunter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
 (c) City or town Bevier Rural
(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.? --- 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
 year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death 38 Pistol shot in right temple, charge going thru cerebellum. Immediate death.
 Due to _____

Due to _____
 Other conditions 124
(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 April 28th, 1941
 (c) Where did injury occur? Bevier Macon Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm at home

4 H. Edward (Specify type of place) _____
 While at work? no (c) Means of injury Pistol shot

23. Signature H. Edward clerk
(M. D. or other)
 Address Bevier, Missouri Date signed 4/28/41

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

RECEIVED

District Health Officer No. 10

District File Number. 5-41-883

Date Filed MAY - 8 1941

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 *J. E. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Brewer*

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.