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4-41  
7-39  
K26390

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 22

**1. PLACE OF DEATH:**

(a) County Aas Audrain

(b) City or town Vandalia  
(If outside city or town limits, write "RURAL" and name of township)

(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  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Audrain

(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** HOMER SMITH

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Susie Smith 6. (c) Age of husband or wife if alive 26 years (Month) (Day) (Year)

7. Birth date of deceased March 26 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>26</u>	hr. .... min.

9. Birthplace Curryville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

**MOTHER FATHER** 12. Name Stephen Smith

13. Birthplace Pike Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Green

15. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Pullum

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof May 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Cemetery

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Mo.

19. (a) 6/2/41 (b) Chae Wilford MD  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 26  
year 1941 hour 11:30 minute PM

21. I hereby certify that I attended the deceased from 5-12-1941 to 5-12-1941  
that I last saw him alive on 5-12-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration

Due to..... 12/10

Due to.....

Other conditions (Include pregnancy within 3 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?.....

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

23. Signature Chae Wilford (M. D. or other) MD

Address Vandalia Date signed 5/28/41

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

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-~~10~~1100

Date Filed JUN 13 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 Wm B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia

**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.**