

FILED JUL 11 1941

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5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22027**

Registration District No. **465**

Primary Registration District No. **4278**

Registrar's No. **8**

54  
4  
0

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

**1. PLACE OF DEATH:**  
(a) County Lafayette  
(b) City or town Waverly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Kelling Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

**8. (a) PRINT FULL NAME** Homer Cecil Smith  
**8. (b) If veteran,** name war \_\_\_\_\_ **8. (c) Social Security** No. \_\_\_\_\_

**4. Sex** M. **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Nov. 22 1932  
(Month) (Day) (Year)

**8. AGE:** Years 8 Months 7 Days 0 If less than one day hr. min.

**9. Birthplace** Pleasant Hill Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Child

**11. Industry or business**  
**MOTHER FATHER**  
{ **12. Name** Blond Alvin Smith  
**13. Birthplace** St. Leonard Mo.  
(City, town, or county) (State or foreign country)  
{ **14. Maiden name** Maudie Ellen Spyer  
**15. Birthplace** California Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Blond Alvin Smith  
**(b) Address** Waverly Blackberry Mo.

**17. (a) Burial** (b) Date thereof 6-26-41  
(Burial, cremation, or reburial) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill, Mo.

**18. (a) Signature of funeral director** Stanley  
**(b) Address** Carrollton, Mo.

**19. (a) June 25-41** (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Lafayette  
(c) City or town Waverly  
(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 June day 22  
year 1941 hour 5 minute 40 P.M.  
**21. I hereby certify that I attended the deceased from** June 22, 1941, to June 22, 1941;  
that I last saw him alive on June 22, 1941;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Accidental burns **Duration** 20 hours

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_

**Other conditions** (Include pregnancy within 3 months of death) \_\_\_\_\_

**Major findings:** no operation  
**Of operations** \_\_\_\_\_  
**Of autopsy** no autopsy

**PHYSICIAN**  
Underlines 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) accident 127  
(b) Date of occurrence June 21, 1941  
(c) Where did injury occur? Blackwater, Cooper, Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? industry place railroad building

**23. Signature** Geo. A. Kelling, M. D. (Specify type of place) Steam burn  
**(e) Means of injury** from railroad engine  
**(M. D. or other) M. D.**  
**Address** Waverly, Mo. **Date signed** 6/25/41

RECEIVED  
District Health Officer No. 8,  
District File Number 7-8-41  
Date Filed

**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

**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.**