

Registration District No. 107

Primary Registration District No. 3008

Registrar's No. 283

14
1
2

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

1. PLACE OF DEATH: Callaway

(a) County _____

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

(c) Name of hospital or institution State Hospital no 12 (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 5 years
years, months or days

3. (a) PRINT FULL NAME John SMOKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs John Smoker

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

7. Birth date of deceased July 16 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Sebastian Smoker

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

14. Maiden name Hefke Johnson

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

16. (a) Informant Records

(b) Address _____

17. (a) Burial (b) Date thereof 10 22 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Samuel [unclear]

(b) Address Louisiana Mo.

19. (a) 10-20-41 (b) R. N. Crew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 14

(c) City or town Louisiana 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1941 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Oct 1
1941, to Oct 20 1941;
that I last saw him alive on Oct 20th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death terminal broncho pneumonia 20 hours
pulmonary embolism 4 days
chronic myocarditis 2 years

Due to syphilitic endarteritis 6 yrs

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

Major findings: Of operations 30g

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) _____

(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) (c) Means of injury 5th D

23. Signature John Imperatore (M. D. or other) 5th D

Address State Hospital no 1 Date signed Oct 20

NOV 25 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. ~~3720~~ working under my personal supervision.

Signed Harold Garner
Licensed Embalmer No. 3720
P. O. Address Lawrence, 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, fact should be so stated above.