

FILLED NOV 11, 1945  
Registration District No. **1945**

Primary Registration District No. **3009**

Registrar's No. **40**

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

1. PLACE OF DEATH: *Rural*

(a) County: **Cape County**

(b) City or town: **Cape Girardeau**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Saint Joseph Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **14 days**  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME: **Homer Chyle Smith**

3. (b) If veteran, name war: **X**

3. (c) Social Security No.: **X**

4. Sex: **Male**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Single**

6. (b) Name of husband or wife: **X**

6. (c) Age of husband or wife if alive: **X** years

7. Birth date of deceased: **May 8 1905**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	4	28	hr. <b>X</b> min.

9. Birthplace: **Detonti Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **X**

12. Name: **Harvey Smith**

13. Birthplace: **Athens Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Aseneath Ashcraft**

15. Birthplace: **Grant County Arkansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. H. J. Smith**

(b) Address: **Essex, Mo. Route 2**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof: **10/7/41**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Maple Gap, Caruthersville**

18. (a) Signature of funeral director: *[Signature]*

(b) Address: **Caruthersville, Mo.**

19. (a) **10-7-41** (Date received local registrar)

(b) *[Signature]* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Stoddard** **103**

(c) City or town: **Essex**  
(If outside city or town limits, write "RURAL")

(d) Street No.: **Rural Route 1**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **6**  
year **41** hour **6** minute **00** A. M.

21. I hereby certify that I attended the deceased from **9/23**, 19**41**, to **10/6**, 19**41**;  
that I last saw him alive on **10/5**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Quotie Neer (PERFORATED) OPERATION FOR**

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: **117a'**  
(Include pregnancy within 3 months of death)

Major findings: **Quotie Neer**

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): \_\_\_\_\_

(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? **lle**

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

23. Signature: *[Signature]* (M. D. or other) **0742**

Address: **Cape Girardeau** Date signed: **10/6/41**

NOV 14 1941

JAN 13 1942

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**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, ~~XXX~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *James A. Osburn*  
.....  
Licensed Embalmer No. 4185.....

P. O. Address Caruthersville, 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.**