

DEC 17 1941

Registration District No. 726

Primary Registration District No. 4432

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Life
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred Harrison Smith

3. (b) If veteran, name war: Male 3. (c) Social Security No. White

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

6. (b) Name of husband or wife Allie Wilson Smith 6. (c) Age of husband or wife if alive, years Nov 1 1867

7. Birth date of deceased Nov 1 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 5 If less than one day hr. min.

9. Birthplace New London Rural
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Harrison Smith
13. Birthplace New London Rural
14. Maiden name Mary Emerson
15. Birthplace New London Rural
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Longhorn
(b) Address New London Missouri

17. (a) Burial (b) Date thereof Nov 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London Missouri

18. (a) Signature of funeral director

(b) Address Frankford Missouri

19. (a) Nov 15 1941 (b) Blanche Longhorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1
1941, to Nov 6, 1941
that I last saw him alive on Nov 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Duration

Due to nephritis

Due to

Other conditions
(Include pregnancy within 5 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)
(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 H. A. Waters (M. D. or other)
Address New London, Mo. Date signed 11-15-41

RECEIVED

District Health Officer No. 10

District File Number

12-41-2196

Date Filed

DEC 15 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

Gene Fields Negro

Licensed Embalmer No. 4093

P. O. Address

Frankford, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39191

Registration District No. 726

Primary Registration District No. 4432

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray
(b) City or town New London
(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
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Alfred H. Smith

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 _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

_____ hr. _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Chronic

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 A. J. Waters (M. D. or other)

Address New London Mo Date signed _____

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

SUPPLEMENTARY

S-39191