

FILED FEB 10 1942

Registration District No. 30

Primary Registration District No. 5043

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett (Rural)
(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)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Barry

(c) City or town Monett (Rural)
(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 Asher Coleman Smith

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Caroline Long

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 14 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>		<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Farmer (Retired)

11. Industry or business _____

MOTHER FATHER {

12. Name Lewis Smith

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

14. Maiden name Sarah Fly

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

16. (a) Informant Mrs. A.C. Smith

(b) Address Verona Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-11-42
(Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie

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

(b) Address Pierce City Mo.

19. (a) Jan 10 - 1942 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 27 1941 to December 23 1941; that I last saw him alive on September 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis 3 years

Due to _____

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration 1/8/41

3 years

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)

23. Signature [Signature] (M. D. or other)

Address 16 E. Forest St Date signed 1/10/42

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

RECEIVED

District Health Officer No. 6,

District File Number 242-172

Date Filed FEB 7 1942

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.....

me
.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Arthur D. Meyers*

Licensed Embalmer No. 3827

P. O. Address *Peace City*

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.