

FILED FEB 18 1942

Registration District No. 504

Primary Registration District No. 5667

Registrar's No. 1

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Shelby
(If outside city or town limit, write "RURAL")

(d) Street No. Grantsville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas F. Smith

3. (b) If veteran, name war XXXXX

3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year - 1941 hour 6 minute 5 a. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife XXXXX

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

7. Birth date of deceased March 6 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 6, 1941, to December 28, 1941;
that I last saw him alive on December 26, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 9 Days 22
If less than one day _____ hr. _____ min.

Immediate cause of death _____

Uremia

9. Birthplace Shelby Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Due to Chronic Nephritis and cystitis

Due to Enlarged Prostate

11. Industry or business XXXXXXXXXX

MOTHER FATHER { 12. Name Henry Smith

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

14. Maiden name Stufflebean

15. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions Enlarged Prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations 12/18

Of autopsy _____

16. (a) Informant Martha J. Logan

(b) Address Shelby, Missouri

17. (a) Burial (b) Date thereof 12/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warner Cemetery

18. (a) Signature of funeral director Thorne Clark Co

(b) Address Linnus, Missouri

19. (a) Jan-17-42 (b) U. C. Dryden
(Date received local registrar) (Registrar's signature)

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 Elbert H. Moore (M. D. or other) DO
Address Purdin, Missouri Date signed 12/28

MAR 1 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed David A. Taylor
Licensed Embalmer No. 3761
P. O. Address Linneus, 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.