

No. 2
1-4-41
-17-39
X26390

State File No.

FILED FEB 27 1947
Registration District No.

Primary Registration District No. 5112

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution:
Highway 40 1/2 mi. East of Columbia
(If not in hospital or institution, write street number or location)

(d) Length of stay: 14 hospital or institution.
(Specify whether years, months or days)

In this community Had just arrived

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clay

(c) City or town Flora
(If outside city or town limits, write "RURAL")

(d) Street No. 704 E. 33rd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NEIL ROBERT SMITH

3. (b) If veteran, name war. None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1947 hour About 9 pm. M.

21. I hereby certify that I attended the deceased from

....., 19....., to, 19.....;

that I last saw h..... alive on, 19.....;

and that death occurred on the date and hour stated above.

4. Sex Male race White

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased June 7 1924
(Month) (Day) (Year)

Immediate cause of death Chest Injury

Due to.....

Due to Auto Accident

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

8. AGE: Years Months Days If less than one day

17 7 6 hr. min.

9. Birthplace Flora Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Student (High School)

11. Industry or business

12. Name Mrs. C. Smith

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

14. Maiden name Gerlie Ritter

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

Major findings: Of operations 170C-6

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant John L. Ritter

(b) Address Flora, Illinois

17. (a) Burial (b) Date thereof Jan 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Imperial Logon, Flora, Ill.

18. (a) Signature of funeral director Sanber's

(b) Address Columbia, Mo

19. (a) 1/19/47 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan. 13, 1947

(c) Where did injury occur? Near Columbia, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway 40
(Specify type of place) (e) Means of injury

While at work? No

23. Signature Morri Nelson (M.D. or other) 1/17/47

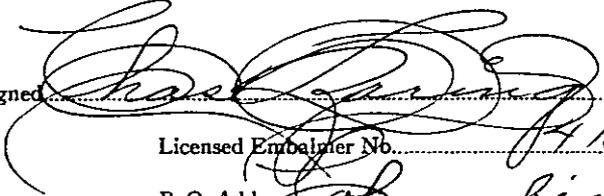
Address Columbia Mo Date signed 1/17/47

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

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 .....

Licensed Embalmer No. *4132*.....

P. O. Address *Columbia, 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.