

FILED MAR 5 1942

Registration District No. 872

Primary Registration District No. 6162

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Wenonah
(b) City or town Rural - Washington
(c) Name of hospital or institution: State Hosp # 32
(d) Length of stay: In hospital or institution 1 yr 3 months
In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Holden
(d) Street No. None
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1942 hour 2/08 minute A M.
21. I hereby certify that I attended the deceased from Nov 15
1938 to Feb 22, 1942,
that I last saw h. alive on Feb 21, 1942,
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME

Ora Alden Smith

8. (b) If veteran, name war

3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased OK OK 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months OK Days OK If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name R. Smith

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

14. Maiden name Mary Rose

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

16. (a) Informant Woop - Reed

(b) Address _____

17. (a) Burial (b) Date thereof Feb 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director Canada & Kopp

(b) Address Holden Mo

19. (a) Feb 22, 1942 (b) Allen V. Kanya
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to Mental Deficiency - insicile
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN 1381
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 Allen V. Kanya (M. D. or other) _____
Address Holden Mo Date signed 2/22/42

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

MAR 5 1942

RECEIVED

District Health Officer No. 7,

District File Number 3-4-2-161

Date Filed 3-4-42

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 Samuel W. Pope

Licensed Embalmer No. 4044

P. O. Address Holden Md

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.