

FILED APR 22 1942
Registration District No. 305

Primary Registration District No. 4184

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution:
OWENSVILLE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community LIFE TIME
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SIPIO AMERICUS SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EUDORA E. SMITH

6. (c) Age of husband or wife if alive 23 years (Month) (Day) (Year) 1886

7. Birth date of deceased JANUARY 23 1886
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 2

If less than one day ✓ hr. ✓ min.

9. Birthplace CLEAVESVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

MOTHER { 12. Name JACKSON SMITH

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

14. Maiden name MARY MATTHEWS

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

16. (a) Informant HARVEY SMITH

(b) Address OWENSVILLE MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 27 1942
(Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director W. S. Hattenstrater

(b) Address Owensville, Mo

19. (a) Mar. 27 42 (b) Ulice Koch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD

(c) City or town RURAL 028
(If outside city or town limits, write "RURAL")

(d) Street No. CUBA ROUTE 0
(If rural, give location)

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

If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 22 1942 to March 26 1942

that I last saw him alive on March 25 1942 and that death occurred on the date and hour stated above

Immediate cause of death Voluntary lesion of heart muscle

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

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 Edward Mellis (M. D. or other) 0

Address Owensville Mo Date signed 3-26-42

MAY 14 1961

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

Signed Medford H. H. Winter
Licensed Embalmer No. 3838
P. O. Address Owensville, 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.