

FILED APR 3 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield city  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
217 W. Calhoun  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 217 W. Calhoun  
(If rural, give location) 6  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Florence Mae Smith

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife James Smith 6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased May 12 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Scilly  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Schultz  
15. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Mae LaBelle  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 12 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 3-12-42 (b) Dr W S Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1942 hour 12 minute 45 a. M.

21. I hereby certify that I attended the deceased from 2/1, 1942, to 3/11, 1942,  
that I last saw her alive on 3/11, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder Duration 8 Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 526  
(Include pregnancy within 5 months of death)

Major findings of operations \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Max Felt (M. D. or other) MD  
Address Springfield Mo Date signed 3/12/42

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

039  
629

**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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.