

FILED JUL 7 1942

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 74

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution: **ALEX RAVENSWAAY HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 WEEKS** (Specify whether years, months or days)

In this community **2 WEEKS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **KELLY TOWNSHIP**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ANDREW C. SMITH**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **MALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **ESTHER BRANDES SMITH**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **OCTOBER 10 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	7	21	hr. min.

9. Birthplace **LONE ELM MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMING**

12. Name **HENRY SMITH**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **JULIA ROSE**

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

16. (a) Informant **MRS ANDREW C. SMITH**

(b) Address **BUNCETON, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **JUNE 2, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LONE ELM CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **June 1-42** (b) **Dr. Chas. Smap**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **31st**
year **1942** hour **10:30** minute **AM**

21. I hereby certify that I attended the deceased from **April 10**
1941 to **May 31** 19**42**
that I last saw him alive on **May 26** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ca of Periton & metastasis**

Due to

Due to **H6d**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

(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 **0**

23. Signature **Frederick H. Wells** (M. D. or other)
Address **Boonville, Mo.** Date signed **6-1-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

27
20-1

105X

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-6-42

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

James W. Segner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.