

FILED JUL 16 1942

Registration District No. 615

Primary Registration District No. 5817

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Rural - Marion Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route #1, Granby, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 72 Years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #3, Carthage, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th,  
year 1942 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from June 10th to June 27th 1942  
that I last saw him alive on June 10th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 930!

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?

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature L. E. Polens (M. D. or other) \_\_\_\_\_  
Address Granby Mo. Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Barber Smith

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife James T. Smith 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Aug. 9th, 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 18 If less than one day hr. min.

9. Birthplace X Calif. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Phillip Borger

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Devault  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Greer  
(b) Address Route #1, Granby, Missouri.

17. (a) Burial (b) Date thereof 6-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Cemetery  
Ed. C. Ulmer

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 1208 Garrison Ave., Carthage, Mo.

19. (a) 6-28-42 (b) Danny Koch  
(Date received local registrar) (Registrar's signature)

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

73  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 742-960

Date Filed JUL 13 1942

APR 18 1944

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.....

*Edler*

Licensed Embalmer No.....

2222

P. O. Address.....

Carthage

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.