

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 202

1. PLACE OF DEATH:

(a) County ADAIR
(b) City or town "RURAL" Sult River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 1/2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. Sult River township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALBERT LATEN SMITH

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married. 2 divorced, WIDOWED
6. (b) Name of husband or wife LAURA CONKLE SMITH 6. (c) Age of husband or wife if alive 136 1/2 years
7. Birth date of deceased MAY 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name EDWARD Smith
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MELISSA CURRIE
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Beverly Smith
(b) Address Brookman Mo.

17. (a) burial (b) Date thereof July 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookman Mo.

18. (a) Signature of funeral director Geo. Steady
(b) Address Sudland Mo.

19. (a) 7122142 (b) Mrs. W. W. Wagner
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 7, 1942 to July 19, 1942
that I last saw him alive on July 7, 1942
and that death occurred on the date and hour stated above. Duration
Immediate cause of death myocarditis

Due to 93%
Due to 93%
Other conditions Cystitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) (2) Means of injury 0

23. Signature H. M. Humphrey (M. D. or other) _____
Address Brookman Mo. Date signed 7-20-42

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

RECEIVED

District Health Officer No. 10

District File Number 8-42-1564

Date Filed AUG 12 1942

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 Geo. B. Bailey Jr.

Licensed Embalmer No. 3755

P. O. Address Sordana 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.