

S. No. 2
1-14-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24349

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 547

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
621 N. Rogers /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. None
(Specify whether)
 In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene **37**
 (c) City or town Springfield,
(If outside city or town limits, write "RURAL")
 (d) Street No. 621 N. Rogers
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Andrew Smith
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 23rd
 year 1942 hour 3:30 minute A. M.
 21. I hereby certify that I attended the deceased from April
1942 to July 23, 1942
 that I last saw him alive on July 22, 1942
 and that death occurred on the day and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Laura Smith
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased January 17, 1870
(Month) (Day) (Year)

Immediate cause of death. Carcinoma of liver over 2 yrs.
 Due to undetermined
 Due to _____

8. AGE: Years 72 Months 6 Days 6
 If less than one day _____ hr. _____ min.

Other conditions none
(Include pregnancy within 3 months of death)
 Major findings: none
 Of operations none
 Of autopsy none

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

PHYSICIAN
 Underline the cause to which death should be charged statistically.
468

10. Usual occupation Retired Iron Worker
Foundry (Iron)

11. Industry or business _____
 12. Name Allen Smith
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Cells Unknown
(City, town, or county) (State or foreign country)
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Laura Smith
 (b) Address Springfield, Missouri

(Specify type of place) _____
 While at work _____ (e) Means of injury _____

17. (a) Burial (b) Date thereof 7/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation East Lawn Cemetery

23. Signature John H. Selsky (M. D. or other) J. H. S.
 Address Springfield Mo Date signed 7/24/42

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri
 19. (a) July 25 1942 (b) B. W. Handley
(If received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....


Licensed Embalmer No. 1767

P. O. Address.....
Springfield

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.