

THEM AUG 19 1942
Registration District No. **33**

Primary Registration District No. **4206**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **New Hampton Town**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home in west Part of New Hampton /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **12 Years**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison** **46**
(c) City or town **New Hampton**
(If outside city or town limits, write "RURAL")
(d) Street No. **West Part of New Hampton**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Harry M. Smith**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Wife Ida G. Smith** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **May 5 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **2** If less than one day
hr. min.

9. Birthplace **Near Hatfield 0 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business.....

12. Name **Not Known** **9**
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name **Mary H. Smith**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida G. Smith**
(b) Address **New Hampton**

17. (a) **Burial** (b) Date thereof **July 8 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Weaver Chapple**

18. (a) Signature of funeral director **W. H. Noble**
(b) Address **New Hampton Mo**

19. (a) **7-8-42** (b) **Zola M. Burrus**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**
year **1942** hour **11** minute **45** A.M.

21. I hereby certify that I attended the deceased from **operation**
July 7 to **July 7**, 19**42**,
that I last saw him alive on **July 7**, 19**42**,
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of Prostate

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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 **W. H. Noble** (M. D. or other) **0**
Address **New Hampton** Date signed **July 8 1942**

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

MOTHER, FATHER

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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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.