

FILED SEP 15 1942
Registration District No. 274

Primary Registration District No. 305

Registrar's No. 153

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community Seven years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. Randolph Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME EDDIE TRIBUE SMITH
(b) If veteran, name war none
(c) Social Security No. 486-12-3465
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. - 11 - 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 22
year 1942 hour 2 minute 25 A.M.
21. I hereby certify that I attended the deceased from Aug 17, 1942 to Aug 22, 1942
that I last saw him alive on Aug 22, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 11 Days 11 If less than one day hr. min.

Immediate cause of death Stomach
into Brain
Due to Skull fracture
Concussion of Brain
Due to Thrown from auto
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 1700's
Of operations _____
Of autopsy _____

9. Birthplace Randolph Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

12. Name Calvin Smith

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Richmond

15. Birthplace Randolph Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Winifred Holman
(b) Address Shephina Mo.

17. (a) Burial (b) Date thereof Aug-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Chapel Randolph Co

18. (a) Signature of funeral director Snover Funeral Home
(b) Address Moberly Mo.

19. (a) Aug. 24 - 1942
(Date received local registrar) (Registrar's signature) Orma Love

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident of
(b) Date of occurrence Aug. 17 - 42
(c) Where did injury occur? Randolph County Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public road.
While at work? yes (Specify type of place) (e) Means of injury auto collision
23. Signature T. P. McCormick (M. D. or other) MD
Address Moberly Mo Date signed 8-23

Duration 35 ds
3 ds
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 16 1942

RECEIVED

District Health Officer No. 10

District File Number 9-42-1763

Date Filed SEP 17 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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, above space should be left blank.