

FILED AUG 26 1935

Registration District No. 749

Primary Registration District No. 6225

14  
00

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 miles N. - Horse Spring  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Hattie Smittle

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1935 hour 10 minute 0 A. M.

4. Sex 2 1. Color or race W

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife John W. Smittle

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: Nov 21 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about Sept 1934 19... to May 5 19...  
that I last saw him alive on about April 20 19...  
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 5 Days 14  
If less than one day: hr. min.

Immediate cause of death Tuber embolus (Pulmonary)

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death) 13 1/2

10. Usual occupation Housewife

Major findings: Of operations.....

Of autopsy.....

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

MOTHER FATHER

11. Industry or business.....

12. Name John R. Massey

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

14. Maiden name Sarah E. Lawrence

15. Birthplace Missouri  
(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 J. W. Smittle

(b) Address Grave Springs Mo

17. (a) Burial (b) Date thereof May 6 1935  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bramhall

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature W. E. Haeman (M. D. or other).....  
Address Lebanon Mo Date signed 8/1/35

18. (a) Signature of funeral director W. E. Haeman

(b) Address Lebanon Mo

19. (a) 8-24-1942 (b) John M. Vestal  
(Date received local registrar) (Registrar's signature)

20:3  
26/42

AUG 26 1933  
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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.....

*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. E. Holman*.....

Licensed Embalmer No. *4107*.....

P. O. Address *Lebanon 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.**